

SPASTICS NEWS

SEPTEMBER 1965 PRICE 6d THE MAGAZINE OF THE SPASTICS SOCIETY



Chicago



Spain



Canada



South Africa



Israel



Denmark

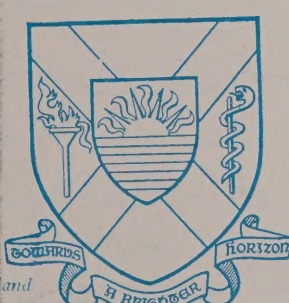


Ontario

Netherlands



BOSK



Scotland



Philippines



Western Germany



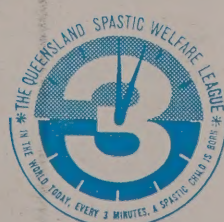
Hong Kong



England and Wales



America



Queensland

West Australia



Forget-me-not



Singapore



International Co-operation Year

'Conflict is antagonistic to creativeness and learning.'

Professor A. V. Neale, who wrote that, was referring to the growth of a child's intellect, which might be endangered by anxiety and by the conflict that anxiety may cause. Jung taught that a child's first need is security, its second need freedom to develop and time and space and material with which to be constructive. Many people believe that the world is still young and that it is possible to argue that this young world, and particularly each of its young nations, needs security, freedom to develop and time, space and material with which to be constructive: it needs, in a word, peace: and it needs freedom from the anxiety which endangers peace.

This, at the suggestion of United Nations, is International Co-operation Year. The Spastics Society is by its nature more concerned with individual children than with international issues. Nevertheless it can add its contribution to the lessening of anxiety and conflict by helping the spread of knowledge and the bringing together of special skills and new ideas, by sharing in so far as it can its successes, its ambitions and its dreams.

Towards this process of sharing, 'Spastics News' is glad to contribute the special features of this issue in the hope that it may help the progress of work for spastics all over the world in security and freedom and peace.

The Director of the Spastics Society

SPASTICS NEWS

The magazine of the Spastics Society

September 1965, Vol. XI, No. IX, Price Sixpence **Editor: Eve Renshaw**
Associate Editor for this Issue: Mrs. Pamela Robinson

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THE SPASTICS SOCIETY

12 Park Crescent, London, W.1

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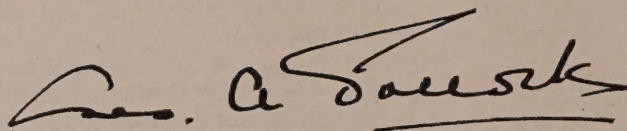
Message from the President of the World Commission for Cerebral Palsy

CEREBRAL PALSY IS AN INCURABLE CONDITION YET MANY WHO ARE HANDICAPPED BY IT, AND SOME WHO ARE SEVERELY SO, HAVE BEEN HELPED BY TREATMENT AND ARE NOW GAINFULLY EMPLOYED.

IN DIFFERENT PARTS OF THE WORLD THERE ARE MANY WHO ARE SIMILARLY INCAPACITATED WHO HAVE FAILED TO OBTAIN RELIEF DUE TO LACK OF KNOWLEDGE OF MODERN TREATMENT METHODS.

IT IS A FAILURE IN COMMUNICATIONS WHICH CAN ONLY BE OVERCOME BY AGENCIES SUCH AS THE 'SPASTICS NEWS' OR THROUGH AN ORGANISATION LIKE THE WORLD COMMISSION FOR CEREBRAL PALSY CHANNELLING KNOWLEDGE AND HOPE TO PARENTS AND CEREBRALLY PALSIED CHILDREN ALIKE OF MODERN METHODS AND OF NEW TECHNIQUES IN THE TREATMENT OF CEREBRAL PALSY BASED ON UP TO DATE RESEARCH.

THE 'SPASTICS NEWS' IS MEETING THIS CHALLENGE IN A PRACTICAL AND MOST WORTHY MANNER.



The Spastics Society and the World

by J. A. Loring, Assistant Director (Services)

IT HAS been said that there is no surer a touchstone of the civilisation of a community than the manner in which it cares for its handicapped members, particularly for those whose affliction excites fear and aversion. It would, of course, be invidious to strike comparisons between countries: each country has its history and its traditions and measurement in this field is impossible. The Spastics Society, whose work is restricted mainly to England and Wales, has commitments of many different orders and its work stems from the history of countries with a strong tradition of voluntary service. Legally, it is limited to helping sufferers from 'any form of cerebral palsy' and by practice the Society works in England, Wales and through an affiliated body in Northern Ireland; it has also been able to help Scotland by extending

certain money-raising activities north of the border. In sentiment it feels for all sufferers from cerebral palsy wherever they may live, but to make this a reality is not easy. Until some 20 years ago, the words cerebral palsy or spasticity belonged to the vocabularies of doctors and spastics were part of the legion of the handicapped; some were thought of as cripples and others as mental defectives.

When this group of sufferers emerged as a body and asserted their difference and their special needs, their needs were found to be very great. Schools were needed for the children if they were to receive an education, residential centres for the adults, places where adolescents and others could be trained for industry and commerce. Whilst it was difficult to assert priorities, it would probably be fair to say that research came before all

these, research into the causes of cerebral palsy and research into treatment. So a formidable programme suggested itself to the national bodies who set out to care for and represent the cerebrally palsied. With so much to do they would have been less than human if they had not become preoccupied with their own national problems. This was certainly so in England and Wales where the National Spastics Society and the British Council for the Welfare of Spastics were supported by groups of parents demanding prompt and effective action. The following years became years of great achievement. Not only did the cause of the cerebrally palsied become a major factor in the field of service to the handicapped, but it became something of a springboard which enabled other handicaps to attract public interest. The Nation

spastics Society, now, after merging with the British Council for the Welfare of Spastics, the Spastics Society has, with its affiliated societies, built nearly one hundred schools and centres and has within that concentration, an education network, a system of training and a great variety of supportive work, ranging from a large Social Work and Employment Department to a Centre for Spastics. There has also been established a Paediatric Research Unit attached to one of the great hospitals, and a Professorial Department in Educational Research and Child Development at London University. The period of growth is not over and if the money can be found it is planned to build another 100 centres during the next ten years. Preoccupations of this magnitude leave little time to think of other countries and yet there are very great advantages in giving some time to the problems which confront others. Very often the problems of others and the ways in which they are tackled illuminate one's own. Moreover, from one's own experience one may be able to suggest, if not solutions, at least fresh lines of approach.

The first significant encounters with overseas countries were through the International Study Groups organised by the Society at St. Edmunds Hall, Oxford. The work of these Groups, which consisted mainly of medical doctors, was linked very closely with the *Cerebral Palsy Bulletin*, later to become known as *Developmental Medicine and Child Neurology*, which also became the *Journal* of the American Academy of Cerebral Palsy. This *Journal* was able to carry many of the Oxford papers as articles and also publish articles about work being undertaken at the Paediatric Research Unit at Guy's Hospital. In these ways it became an international forum.

The Society, in making such rapid progress, soon became something of an international enquiry centre; its success became well-known and letters started to pour in from all over the world; letters asking for advice on fund-raising, organisation, building, architecture and a multitude of other problems. The number of visitors from overseas grew; in particular therapists and teachers from other countries who wanted to gain practical experience in our schools and centres. Activity of this sort has now grown to such an extent that has been necessary to set up an Overseas Desk with a member of staff, Mrs. P. Robinson, in charge, who is also Head of the Residential Centres Section. Perhaps the greatest demand on the Society's staff has been for speakers at overseas conferences and while the whole of this demand cannot be met, in the present year representatives of the Society will have spoken at conferences in France, Holland, Japan, Italy and Czechoslovakia, apart from conferences of an international character held in this country. Work of this sort is quite onerous since the papers given must be of a high order and written well enough to stand up to publication in several languages.

For some years the Society has taken an

interest in the work of the World Commission for Cerebral Palsy which is part of a larger body, the International Society for the Rehabilitation of the Disabled, upon whose British Committee the Society is represented. But it was not until quite recently that the Society felt able to join the World Commission. The new link has, however, proved already to be of service. The Society made a generous contribution with which it was possible to finance the first Mediterranean Conference on Cerebral Palsy and the interest of the Society in overseas affairs now has a focus. It is not easy to place a value for the Society on this new association since it is probably a situation in which it has more to give than to receive, but this position could at some time in the future be reversed. It would be easy to overrate the importance of any supranational organisation, since organisations of this sort have short roots and depend for financial support upon constituent members. The World Commission is in this position and it is denied influence in the very sphere in which it could be of great importance; that of gathering together information from its constituent members and appraising and recirculating that which seems likely to be of general relevance. The Commission could act in other ways as a clearing house. In order to do this, regular publication of material would be necessary. It would also be essential to communicate at a number of levels: professional, governmental, and parental. This might require one or two regular publications supported by other media. Work of this sort is costly to undertake and until funds are forthcoming it will not be undertaken. There is a tendency to think that because the World Commission is based in the U.S.A. it therefore has access to wealthy support. This is, in fact, not the case. The largest single donation received by the World Commission was in fact one made by The Spastics Society.

Cerebral palsy has close links with Special Education since the majority of spastic children require special education of some sort. The international Society for Rehabilitation of the Disabled is a sister organisation of the World Commission and regularly organises international seminars in which the Society's representatives are to make important contributions. The last two of these were held in Denmark and Holland. The next will be held in Germany. Perhaps one year the Seminar will be held in Britain; one would hope so.

One of the major difficulties confronting the nationals of any one country who take part in international work is not merely that of language (most conferences of the sort I have mentioned use the English tongue—a not inconsiderable obstacle even for a Scandinavian fluent in English), but also one of vocabulary. The English language has acquired, without perhaps the English being aware of it, an international dialect, a sort of technical argot overlaid with terms that mean very little to an Englishman and must puzzle many others except perhaps the countries where

the words were derived in the first place. Who, for example, would hazard an interpretation of the words 'orthodidactics' and 'orthopaedagogy' and explain the difference? Yet these words were in constant use at a European Seminar held recently in Holland where the official language of the Seminar was English. The English language is a melodious tongue of vast and varied vocabulary which was already sufficient for most modern purposes in the days of Elizabeth but it is now being racked and tortured in its own countries to a point where clear simple statements are though crude and unlettered and obscurities and long-worded vagueness are preferred. Is it then reasonable to complain if others too misuse it? Common interest does in practice overcome problems of language and vocabulary.

Another major difficulty of international work is deciding which activities are worthwhile and which are not. Every summer many dozens of visitors come to England to meet officials of the Society and visit its Schools and Centres. Some are very lightly equipped to understand our work and the only reliable impression they will take away will be by means of the ever-present camera dangling round the neck. Others are more serious and make a more profound impression upon those that they meet. All ask that a programme of visits be arranged; all have to be met at stations, conducted round classrooms and therapy blocks and in general given valuable time which could be used in other ways—many ask for general advice upon art galleries, cathedrals, visits to Stratford-on-Avon, and a multitude of other matters that are the proper concern of tourists. It is, of course, difficult to separate the sheep from the wolves and impossible to do very much about it even when the separation has been made. Perhaps it is even tactless to mention the subject, but maintaining a good relationship with overseas visitors and giving adequate attention to those who are likely to benefit the most from such time as a busy staff can give are not without their problems.

Looking ahead, it is quite obvious that the Society will draw closer to those doing similar work in other countries. Whether grants of the sort that we have made in the past, for example to Hong Kong and the Mukawapsi Clinic, Southern Rhodesia, can be made in the future is doubtful; the Society's resources are too heavily committed. I think our schools will continue to take a few children from overseas when there are appropriate vacancies. The Society will always be ready to draw from its experience and give advice and one would hope that the Society's Medical Information Unit will always have a powerful international connection but having said all this, the first commitment must be at home: the long, long haul to find the causes of and to prevent cerebral palsy and the means to ameliorate its effects and our relationship with other countries must be suitably geared to this objective.

The S.S. Oxford International Study Groups on Child Neurology and Cerebral Palsy

St. Edmund Hall, Oxford

1958

1960

1962

1964

by Dr. Ronald Mac Keith

THE TRUSTEES of the Spastics Society Research Fund have shown vision in sponsoring not only research work by individuals in many laboratories, hospitals and schools but also meetings to provide opportunities for workers in different fields to exchange ideas and stimulate each other's efforts.

The Spastics Society Medical Education and Information Unit promotes international exchange of information in several ways. It has arranged for lectures in this country by distinguished children's neurologists from overseas, e.g. Professor Albrecht Pelpel of Leipzig and Professor Richmond Paine of Washington D.C. It has arranged for a succession of groups, usually of about 10 British

doctors, to make visits lasting about five days to famous continental research centres. Madame St. Anne Dargassies' clinic in Paris, Dr. Heinz Prechtl's unit in Groningen, Dr. Adriano Milani-Comparetti's in Florence and Dr. Guy Tardieu's at Garches, have generously given of their time to such groups.

In 1958 the first International Study Group on Child Neurology and Cerebral Palsy met in St. Edmund Hall, Oxford. Thirty members came from abroad and forty from Britain. There were paediatricians, neurologists, psychologists, orthopaedic surgeons, physical medicine specialists, physiologists, psychiatrists. The deeper understanding of cerebral palsy depends on drawing help from specialists in many fields.

Paediatricians know children and their families but they need to hear of the recent advances in neurology, psychology, etc., so that these can illuminate the problems of diagnosis and management. Conversely the meetings have drawn the attention of physiologists, orthopaedic surgeons, to the need for them to study the many unsolved problems presented by children with cerebral palsy.

St. Edmund Hall is a small college and the plumbing is not that of a three-star hotel. But the college and its staff welcome us and look after us well. At the working sessions as much time is always given for discussion as for the opening paper. And discussion continues over coffee, over lunch, at tea, at dinner and into the night.

The members enjoy the atmosphere of learning with a light touch. The first speaker at the 1962 meeting opened with a (singularly appropriate) reading from *Alice Through the Looking Glass*. The members of the study group find that in a very English way they have become entitled to wear a tie. The final dinner has always been enlivened by speeches in the native languages of many countries, from Cyme to Catalonia.

The high quality of the discussions is evident if they are read in articles in *Developmental Medicine and Child Neurology* or in the Monographs in Developmental Medicine which have come from these international study groups, e.g. *Child Neurology and Cerebral Palsy*, *Visual Disorders in Cerebral Palsy*, *Cerebellum*, *Posture and Cerebral Palsy*.

The study group members seem to find something special about the meetings. After the 1964 meeting letters came which said:

'It was certainly the best conference I have ever attended. The limited number of participants enabled us to get to know each other and share our knowledge in a way that is most rare—(U.S.A.)

'It was a kind of refined 18th century atmosphere and it was simply marvellous to be in it.—(Italy)

'This was the best yet "Oxford" for me.—(Canada)

'I have come away with new ideas (and these aren't all other people's). (Oxford)

'I want to congratulate you with the enormous success with the meeting.—(Holland)

'It was a revelation and a great pleasure to be able to meet so many outstanding authorities from all over the world'—(U.S.A.)

'Cette quatrième reunion du Study-group fait une fois de plus une totale réussite, un miracle renouvelé de bonne grâce, d'esprit et de travail'.—(France)

'Oxford was excellent, a real breakthrough in interesting the obstetricians in our common problems'—(London)

'A unique combination of enjoyment and instruction'.—(Newcastle).

After the 1962 meeting the *British Medical Journal* spoke of how much these Oxford meetings have done to create the study of child neurology in this country. These meetings have aroused interest in the problems of spastics and they have led to deeper understanding of the ways of helping spastic children and adults. The success of the meetings depends very greatly on the hard work of the members, who are always willing to join yet another group, spending the evening working out the answer to a problem, and above all the success springs from the secretaries who work through the night and are cheerful all day, and from the 18 months work that Miss Geraldine Frank puts into each meeting before the day it starts.

Cerebral Palsy in Spain

by Dr. Ivan Bosch of Madrid

UNFORTUNATELY we have no real statistics about Cerebral Palsy in Spain.

We are making careful inquiries throughout the different provinces in Spain, such as Tarragona, Sevilla and Segovia, about handicapped children, but until we have more statistics we have to use an average rate of other countries.

If we use an average figure of 2 C.P. children for every 1,000 surviving newborns corresponding to an average figure in Central Europe, but which is, in my opinion rather low for Spain, we can expect that of 650,000 newborn in Spain every year, at least 1,300 will be C.P. children.

If we take the statistics in another way according to Deaver; of 100,000 inhabitants 152 will be affected with C.P. and we shall find that in a population such as Madrid, with 2,500,000 inhabitants, the number of C.P. will be about 3,800 which gives us an idea of how important the problem is.

How Spain has dealt with the Cerebral Palsy Problem

The problem of C.P. has not been adequately met until recently, owing to the demands of more urgent diseases which re-

ulted in higher mortality and morbidity than C.P.

There are at present in the different provinces in Spain, associations which cope with the different problems of the handicapped child; for example poliomyelitis, mental retardation, deafness and so on. However, there are only three associations dealing with the problem of the C.P.

Pacys-Asociacion de Padres de ninos afectados de Paralisis Cerebral y Subnormales de Madrid.

Asociacion de Ayuda a la Paralisis Cerebrales de Barcelona.

Asociacion de Ayuda a los Paraliticos Cerebrales de Oviedo.

These three associations although they are found in three different provinces and, therefore, are independent, work in a very close relationship and harmony. They were started in 1959 by the efforts and initiative of a few parents, who wanted to solve not only their



children's problem, but the problem of the C.P. as a whole. They were officially recognised by the Ministerio de Gobernacion and since then have contributed to the understanding of the understanding of the C.P. child in Spain.

The Madrid association, which was founded in 1960, and to which I have been a medical adviser from 1962, started the

CONTINUED ON PAGE 15

(Left): For Jesus, a quadraplegic spastic, and for Maribel it was the "greatest day"

(Above, left): Playing with water is most stimulating for all children and at the same time they learn to be independent. Note the wash basins of different heights

A Visit to Lourdes by N. D. B. Elwes

SINCE 1858, when Bernadette Soubirous had the first vision of The Blessed Virgin Mary in the little Grotto of Massabielle, there have been yearly about 4,000,000 visitors to this shrine at Lourdes. Of these visitors a very small number have been officially recognised as cured—about 60 over the last 100 years.

I give these figures not because I want to discount the likelihood of a cure to a would-be pilgrim, or enter into a controversy as to whether these cures are supernatural or not, but to stress at the beginning that the hope of a physical cure (I can find no record of a spastic cured at Lourdes) is not what brings these enormous numbers to this Grotto.

Anyone visiting Lourdes for the first time will find hundreds of big and small shops selling plastic statues of every size, but they will also find in all the coming and going, people at their best. Enormous depths of unasked-for, unsentimental love of one's neighbour make the most unlikely people rush to be first in the queue to do the most menial of tasks. A great many of the helpers spend their holidays at Lourdes. Helpers are called

brancardiers and wear a harness for carrying stretchers. Incidentally, these are never used, in fact, are not suitable for the job—they have become badges of office.

A brancardier rises at 6 a.m. and cuts along to one of the two enormous hospitals (the Sept Douleurs in the town or the Asile in the Domaine), where he washes and dresses the sick. Then church, pulling the sick in what looks like a very early miniature hansom cab. Eight a.m. breakfast, transfer the sick from hansom cab to wheelchair and back. Nine a.m. trot down to the Grotto (mostly down hill).

When I was returning up the hill from the Grotto for lunch on my first day, I had just about made the brow of the hill and was wondering how the Ministry of Health had missed supplying these weighty carriages on prescription, when my charge asked if he could walk. After tentative enquiries as to whether he fancied he was cured, I found out that he had a job in a hospital at home and was perfectly able to walk. In fact he offered to give me a ride!

The sick arrive by plane or train from all over Europe. Some of these trains have travelled overnight and it is the brancardiers' sought-after job to load and unload them as quickly as possible. Many stretcher cases are handed out of the windows at head height.

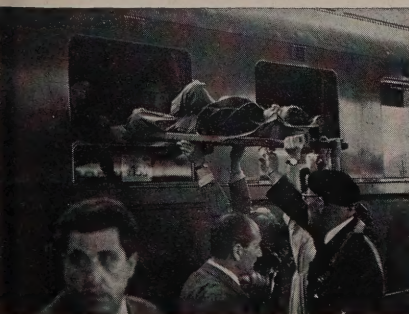
I remember loading a very heavy stretcher case on to an Italian train. Just when we had deposited the stretcher securely on the metal brackets at the side of the carriage, and I was looking to see how much longer my arms were as a result of the exercise, comes a nurse who, by gesticulations, explains that the stretcher must be at the other end of the

carriage and facing the opposite way. If you have never tried turning a stretcher round in a carriage, don't. As soon as we had put our very genial and smiling but extremely heavy lady into the new place, six Italian nurses converged on us, arguing on the merits of one position over the other. In a near state of exhaustion, my partner (a Northumbrian farmer) and I realised that we were up against a superior force. We reversed the stretcher and put it back in the first position, and retired for light refreshment to the station café.

Another duty was bathing the sick. This I do count as an honour to have done, though at the time I had very mixed feelings.

The cold spring water that has run ever since the little 14-year-old Pyrenean girl, Bernadette, dug with her hands in the ground, is now piped from the Grotto to taps for drinking on one side, and to a long low building on the other. This building houses the baths and a series of large cubicles, each containing a stretcher-length trough which faces the grey wall. Two brancardiers on either side stand and, after praying with the bather, they firmly and all but totally submerge him in the icy water. Still wet, he discards the soaking blue loin cloth that was worn for the bath and he dresses, or is dressed, without drying. That is the mechanics of the baths but what is all-important, and hard to describe, is the faith and the joy of the bathers. These people come from every walk of life, the young, the old, the sick, the well and the handicapped.

It is difficult to describe Lourdes, for a visit to Lourdes is a holiday for the soul where for a time one seems to shed one's body and its worries.



Rehabilitation in Denmark

by Erik-Just

ALTHOUGH the Danish social services, national health insurance and special-care services have a long tradition behind them, and have always been concerned very largely with the principle of rehabilitation, it was not until the passing of the Rehabilitation Act of 1960 that Denmark possessed legislation aimed at ensuring that both physically and mentally handicapped people should be cared for in a normal environment.

The provisions of the Act lay down that people can be assisted with the purchase of such aids as wheelchairs, artificial limbs, hearing-aids, and offered remedial nursing and the special equipping or conversion of flats.

However, the clauses covering the instruction, occupational training and placing in the labour market of the handicapped person must be regarded as the most important sections of the Rehabilitation Act. These provisions, which are described below, provide considerable State aid towards the setting up and running of medico-occupational centres, vocational workshops, and sheltered workshops. In addition, the Act provides for grants to be made for observation and training in ordinary private and public industrial undertakings as well as for sheltered employment in public undertakings. Assistance can also be given towards the purchase of tools, machines, etc., if the handicapped person wishes to establish himself in his own busi-

ness. Finally, financial assistance can be given to the handicapped person who is receiving instruction or vocational training in the open labour market.

Assistance can be given from the 15th year; there is theoretically no age limit; but in practice it has naturally been found that the same amount of assistance cannot be given to both young and old. The older man is not automatically entitled to help, merely because he is attacked by illness or accident; it must also be a condition that the handicap carries with it occupational difficulties of a certain degree. Also, at a later age it is more doubtful whether the person concerned can carry through and make use of a course of training or instruction.

The position is more favourable for a young person, in that in this case there is no previous occupation to come to terms with. The degree of disablement necessary to obtain assistance is very slight, since both the young person and society are concerned that there should be no risk and especially concerned that the young person's abilities are employed to the full. In practice, a tendency has developed to assist a young person when it can be said that the handicap will cause only limited difficulty in the chosen career.

Before any of the provisions of the Rehabilitation Act can be applied, it must be determined whether the handicapped person is covered by the law. At least two conditions must be fulfilled. In the first place, there must be a more than average restriction of the capacity to work; and in the second place it must be possible to retain or improve the capacity to work. To explain this situation and also to undertake the individual treatment of patients, the Ministry of Social Affairs has set up twelve regional rehabilitation centres (rehabilitation offices) which also deal with various problems of co-ordination and administration.

Every handicapped person can apply directly to these centres. In addition, hospitals, doctors, public authorities and schools are to give information to the handicapped person, and at the same time to give the centres any information which might prove relevant. Such information is also passed on through the normal contact between the centres, the hospitals and the authorities.

At the centre, it is the work of the rehabilitation officer to obtain and evaluate all the relevant information, through interviews with the patient and in any other ways which may prove necessary. In the first instance, this evaluation is made in co-operation with the centre's part-time medical staff. In many cases, the placement officer of the employment exchange will also be consulted at a very early stage, as it is primarily these three experts, the rehabilitation officer, the doctor and the placement officer, who contribute to a realistic plan for rehabilitation, with the rehabilitation officer as the co-ordinating officer responsible to the handicapped person. It should be noted here that this responsibility is not limited merely to the planning stage. The rehabilitation officer must also

attempt, with the patient's help, to eliminate the personal and practical obstacles which could prevent the success of the plan. Finally the officer must assure himself through careful follow-up that rehabilitation and placing in employment are both stable and appropriate.

The basis for any plan of rehabilitation must naturally depend on the mental and physical capacities of the handicapped person but other factors must also be taken into account; age, residence, education, the sex of the patient, any earlier employment, family circumstances, etc. Last but not least it must be remembered that any effective rehabilitation requires the positive voluntary co-operation of the handicapped person himself and it is essential that his own choice of career, provided that it is realistic and possible, should be followed.

Given these factors, it is possible to imagine an infinity of different plans for rehabilitation. We sketch below some typical situations.

In the case of a young person, the rehabilitation officer will tend to urge the longest and best possible education. Attendance at school is free, but maintenance grants can be made to a handicapped pupil both in the top classes of an ordinary secondary school and in a grammar school. For a very able pupil, it is possible to plan a course of education leading to the university. If the pupil is not interested in further education or is not suitable for it, attempts will be made to give him a training either in the commercial or in the industrial field. Before a final decision as to the training to be offered is made, it may be necessary to carry out a period of observation, preparation or training. This can take place in the 'folk high schools' (voluntary educational establishments for people over school age) youth centres, in practical work in normal industry or in the rehabilitation institutions, which are at the disposal of the rehabilitation centres.

However, these rehabilitation institutions are mainly used for observation and training when the officer is considering the case of a patient who has previously been in employment but who is forced to change his job because of illness or accident. It goes without saying that the father of a family will be anxious to earn a normal wage again as soon as possible and as a rule does not feel inclined to begin a full-scale training. However, it does happen that workers who cannot continue with manual labour undertake a theoretical training connected with their own trade in order to become engineers, technicians and designers. If it is decided to follow the most usual pattern, there are two institutions to choose between. The work centre or rehabilitation clinic is usually the first stage in observation and training. Such a medico-occupational centre is run by a full-time doctor, who decides on the nature and extent of the medical treatment to be given side by side with vocational training and observation. A condition of admission to a medico-occupational centre is that the patient must require both medical treatment

and observation and training. If only medical treatment is required such treatment must be given in a hospital or a clinic. If medical treatment has been completed, there is another possibility: treatment and training at one of the training-workshops, where training is purely vocational and where no medical treatment is given.

It is usual for a handicapped person to start in a medico-occupational centre and to conclude his rehabilitation course in a training-workshop, but sometimes a patient is placed immediately in a training-workshop or enters the labour market direct from the medico-occupational centre. It is primarily the decision of the centre's doctor as to the patient's needs which governs the choice of institution in which the patient is placed.

In those cases where right from the beginning it is intended to place the patient in work, the rehabilitation officer is in consultation with the placement officer.

Apart from a meeting between patient, rehabilitation-officer and placement officer, or a brief introduction of the patient to the placement officer, it is not the intention that this officer should concern himself very much with the patient. It is his task to ensure the most suitable placing for the patient, that is, one in which the client's handicap is elimi-

nated. Even if the officer thus takes charge of the placement, it is still the duty of the rehabilitation officer to follow the patient. In other words, it is not the task of the placement officer to interest himself in the patient so much as in his possibilities in the labour market.

If doctor, rehabilitation officer and placement officer decide that placement in the normal labour market is impossible, the patient can be directed to a sheltered workshop. In theory, this means permanent employment in the sheltered workshop, but in practice it often means a long-term training, or the provision of a place where the most severely-handicapped can wait until a very special and suitable job comes up. To a limited extent, home-work can be sent out from these protected workshops to the most severely handicapped. If there are special transport difficulties for physically handicapped people, it is possible to obtain a grant for the purchase of a car.

Irrespective of which form of career or training is chosen, the patient is assured of economic support for himself and his dependents. The nature and extent of the help given varies according to where the training is given, but the maximum assistance is on a level with the statutory wage.

The passing of the Rehabilitation Act has undoubtedly meant a considerable improvement for the handicapped in Denmark. It has co-ordinated earlier wide-spread and inequitable regulations, and means in principle that every handicapped person has the same opportunity, regardless of the injury suffered or the place of residence. The establishment of the twelve provincial centres has made possible a more intensive approach to individual cases and has also made possible the co-ordination of both local and central efforts. The rehabilitation officer can be described as a new figure in Danish social work. He is forced into a very realistic attitude, and finds himself in a very difficult position, since on the one hand he must involve himself in his patient-client's problems and must act as his ad hoc guardian, while on the other hand the officer is the representative of society, who administers the provisions of the Act. However, there is no doubt at all that the rehabilitation officer is a very happy invention, who co-ordinates in one person all phases of rehabilitation, and who is responsible in every aspect for the correct professional treatment of the whole rehabilitation process from the time the patient-client first makes an application until the last follow-up has been undertaken.



A Rehabilitation Centre in the Netherlands

by J. S. Gerritse

THE Johanna Stichting is a rehabilitation centre for physically handicapped children. It is situated in the surroundings of Arnhem in beautiful woody grounds.

The Johanna Stichting was founded in December 1900, and up till 1959 it was a nursing home, where the children were trained to become useful members of society. In 1965 the aim of the institution is the same as it was in 1900, to try and bring the physically handicapped child to the maximum of his or her capacities. The rehabilitation work can only be done in teamwork. So the medical educational and vocational staff work closely together.

The children admitted vary in age from some months up to about 19 years. Fortunately there are more younger children, because when a child is handicapped from birth, it is advisable to start young with the rehabilitation. The children suffer from all sorts of handicaps, e.g., spina bifida, cerebral palsy, amputees and physical handicaps after accident or diseases.

The newcomers live in the observation clinic for about two months. During this time the children are assessed by doctors, therapists and at school in a special assessment class. After the child has been assessed, the team (doctor, nurse, therapist, teacher and social worker) decides whether the child should stay

in the centre for treatment or should go back home or to another institution.

In the centre there are about 170 children. They live in groups in five pavilions and an infants' home. The pavilions are very modern. There is a dining room and a living room with radio and TV. For the younger ones there are play-spaces, little nooks, for the older ones little studies. Upstairs there are bedrooms for three children each. Here the child sticks his pictures to the wall just as he would do at home. The registered nurse with her assistant nurses try to create a normal living atmosphere as far as possible.

The children go to school every day. The little ones attend the nursery school. In the Netherlands children have to go to the elementary school when they are six, so do our children. In our elementary school there are four classes for cerebral palsied children, in these classes are ten pupils, in the others there may be 15. After the pupils have passed the six forms of the elementary school, they can follow the tuition of the secondary modern school in the same building, or they can attend the technical school where the boys are prepared for metalwork or electro-technics, etc, or the domestic science school. These two schools are in the grounds of the Johanna Stichting and they are special schools.

During school hours the children get their physical therapy. The department for these treatments is built adjoining the school, so that the children can stay indoors after they have been in the warm treatment-rooms. There are group treatments, e.g., physical training and swimming and individual treatments such as Hubbard tank massage, electro therapy, Bobath treatment, Ultra short wave therapy, U.V.L., motory therapy, occupational therapy, walking exercises and speech therapy. A large sports field and outdoor walking strips, covered with gravel, sand and pebbles, complete the accommodation.

Besides the training and tuition the children have their relaxations in their spare time. A children's farm-house named after H.R.H. Princess Beatrix, gives the children the opportunity to observe the animals. There are among other animals, geese, ducks, rabbits, goats, ponies, fowls and pigeons. For the performances of plays we have an open-air theatre built by a group of international ecumenical young people. Also brass bands can play there. Sooner or later, we hope to build a big hall to be able to enjoy these performances indoors.

When the children like it they can become members of the Girl Guides' or Boy Scouts' movement.

In summer they have their camps and all kinds of trips. And also their sports meetings with another rehabilitation centre for children. Then there are all sorts of swimming competitions, basket ball matches, wheelchair races, etc. Many children have a hobby that asks a lot of time, they save stamps or pictures of TV. stars. They may go to town to do some shopping or visit friends.

I hope I have given you a good impression of life as it is in the Johanna Stichting.





How to Holiday Abroad

by Gillian Malleson, Spastics Society Holiday Organiser

UNTIL recent years foreign travel for those needing special facilities has been awkward and costly. However, there is a growing demand from young handicapped people, of limited means, for continental holidays, similar to those enjoyed by their able-bodied contemporaries. From this need has arisen the growth of group holidays. The individual cost of travel, like catering, for several people decreases per head as the overall number increases. Escorts can help several disabled and have more free time; rail fares are reduced for parties and special charter arrangements can be made with air and coach companies.

If there is close liaison with airport officials, flying can be an easy and comfortable mode of travel for even the severely handicapped, and short journey time is also a particular asset for such people.

The British Red Cross is prepared to advise on special facilities available for handicapped travellers and, with other national Red Cross Societies, can often provide help along the route of the journey. At present they do not inspect the accommodation or undertake to recommend hotels or particular holiday resorts.

Across the Atlantic, in Canada, holidays are being organised for the disabled. The United Handicaps Groups of Ontario annually arrange a few weeks holiday at Muskoka. The majority of members are spastic, but the very severely handicapped are not able to go to the camp. This group of people are hoping to raise sufficient funds to establish a per-

manent holiday home which could take most disabilities.

There have always been opportunities for individual travel abroad and parties have been taken from The Society's centres to Holland, Denmark, Sweden and Switzerland. For several years, parties from Prested Hall have been taken to the continent. This summer twelve from Ponds have spent two weeks in Sweden. This trip was the result of a suggestion made by a Swedish visitor to Ponds.

A group from Coombe Farm are making plans to go to Gwatt in Switzerland next spring. Every year large numbers of handicapped people make the pilgrimage to Lourdes and these numbers have included many spastics.

Since 1955 The Jersey Spastics Society have generously given a holiday to varying age groups every year. Travel is by air and an interesting programme is carefully planned for the visitors. While on the island the party are looked after by members of the Jersey Group and each one is treated as a V.I.P. Last year the party consisted of teenagers. This spring an older group went, including three married couples and some who had never before had a holiday.

In October 20 lightly handicapped spastics will sail to Portugal and Spain. Several Assessment Courses have been held on ships, but this is the first year that a holiday party will go on a cruise. Their ages range from 15-30, and four staff members of The Spastics Society will accompany them. It is hoped

to organise at least one holiday cruise every year and it may be found more practical to split parties into those over 21 and those under 21.

The Holiday Organiser was recently approached by a representative of a small educational travel agency who wish to specialise in party travel for the disabled. Was The Spastics Society interested? Yes—indeed! Several continental resorts have been carefully chosen by the travel agency. Journeys are planned down to the smallest detail and accommodation is selected with the handicapped in mind. The Holiday Organiser was taken to visit a youth centre near Ostend where modern dormitories could accommodate 20 or 30 chair cases on the ground floor and many more ambulant ones on upper floors. This particular centre would only be suitable for young people who would not mind sleeping in dormitories. This autumn, a large party organised by one of the Local Spastics Groups will visit this centre. Next year the Spastics Society hope to send several parties there.

More opportunities in Belgium are being looked into by the Holiday Organiser after a visit from a Belgian Welfare Teacher. The Spastics Society hope to arrange 'exchange visits' between specially designed establishments similar to the Society's schools and centres. This would be an exciting addition to holiday possibilities as even the severely handicapped could take part, knowing that their limitations were accepted, and not regarded as exceptional.

With the growth of the comparatively new Holiday Department, it is hoped to expand and extend the possibilities of continental travel until countries from Scandinavia to the Mediterranean can be within the reach of all, regardless of handicap or finances.

A Training Method for Reducing Perceptual Difficulties

by Mme. Ghislaine le Borne of Brussels

Translated by Miss J. Herrington

INTRODUCTION

BETWEEN 1945 and her death in 1960, Madame Albitreccia, working with Dr. Auguste Tournay at the Aide aux Enfants Paralysses Centre in Paris, developed many new ideas and novel approaches in her attempts to overcome the sensory-motor and speech disorders of children handicapped with polio and cerebral palsy. No one appears to be applying her methods in this country, and many readers of SPASTICS NEWS will find an account of her work of interest. Madame Ghislaine le Borne, of Brussels, uses Madame Albitreccia's methods, and she has very kindly written an article about the treatment, and supplied photographs illustrating several of the techniques in use. For anyone wanting further information a short bibliography is presented at the end of the article. Madame le Borne would welcome letters and visits to her centre in Brussels.

Many spastics have lower educational and practical achievements than one would expect from their degree of handicap and intelligence. They cannot read, write or do arithmetic as well as could be expected. They have great difficulty in achieving such 'simple' tasks as dressing and undressing, assembling and taking apart toys, using tools, drawing and painting. Their difficulties may arise in part from 'perceptual' and 'motor' handicaps. If recognised early enough in life, it seems possible through planned training to lessen or even overcome their handicaps, because they

may frequently appear through the handicapped child missing normal childhood experiences.

First, we must be sure we understand the difference between sensation and perception. We may have good eyesight and yet fail to 'perceive' or recognise something. An amusing illustration is given in this drawing:



We can all see it (sensation) but what do we see (perception)? Once you have learned what you should see (the answer is on page 13), there is no difficulty. It is the same when we listen to a foreign language: we are not deaf but all we hear is a babble of sounds. Having learned the language we can perceive and understand what is being said. Much of what the spastic sees and hears around him is puzzling to the spastic but clear to us.

Secondly, we must understand the difference between 'control' and 'movement'. When anyone wants to learn how to drive, he has no difficulty in moving his muscles, depressing the clutch and accelerator or turning the wheel. What he must learn is how to control these movements. He knows very well what he wants to do, but only practice until he gets the 'feel' of when he is just right can teach him how to drive. This feel comes from

a combination of sensations, of the pressure on the pedals, of the sounds of the engine, of his position on the road. So, many spastics say 'Why can't my hands do what my mind wants them to do'? They cannot control their movements to copy or draw objects, to write words or put together parts of a puzzle.

Non-handicapped children learn perception and control through playing together and imitating their parents. By moving, bending and stretching themselves, by picking up objects, fitting them together, scribbling and poking their noses into things, they gain the perceptual and control experiences they need to understand what 'big' and 'small' means, what different words like 'left' and 'right', 'up' and 'down' mean. They develop practical skills because it is 'commonsense' to know left from right and that square pegs do not fit round holes. The spastic has missed the common experiences and so must learn this commonsense.

Madame Albitreccia wanted to provide the handicapped child with the experiences he had missed. The training must be planned carefully. It must not overstep the limits set by the child's physical and mental capabilities, but she believed that if the child could be taught early enough, he could overcome many of his difficulties.

J. J. Q. Fox, M.A., M.Sc.,
Senior Clinical Psychologist,
The Spastics Society.

IN TRAINING, we teach the child to perceive and recognise visual, auditory and tactile sensations.

Perceptual disturbances show themselves very early on by difficulties in discerning colours, shapes and sizes, and by difficulties in spatial orientation in distinguishing front/behind, above/below, and almost always left/right. There are also many difficulties in perceiving the body image; the child is not aware of the position of his limbs and parts of his body or their relationship to each other.

All this gives rise to a lack of muscular control, an awkwardness in co-ordinating the limbs to carry out practical activities, and to difficulties at school in learning reading, writing and arithmetic.

The training method proposed by Madame Albitreccia consists of a progressive series of exercises.

I. Awareness of body image:

The child is taught full perception of visual, tactile and postural sensations by firstly exploring and localising different parts of the body by touch. The child touches parts of himself (fig. 1) and then the teacher (fig. 2), and so learns the position of eyes, ears and other bodily organs.

At the same time, the child is learning to discriminate by numerous sorting exercises. The child sorts out which colours, shapes and sizes are the same and which are different. They start with very marked differences and then have to make more fine discriminations. In this training, we use objects and then drawing so that the child deals firstly with three and then with two dimensions.

II. Stability of the body in space

The child learns the meaning of horizontal

and vertical and other spatial dimensions and positions by adopting simple poses: standing, lying down, leaning, stretching, bending, bending to right and left. In these poses their attention is drawn to the tactile and postural sensations, so that the child could tell even in the dark what position he is in.

Then he places his own arms and pieces of stick to show different position. Wherever he is physically capable, the child reproduces the positions by making chalk and sponge marks on the blackboard.

III. Body image and movements

1. Awakening of articulatory awareness: The child learns what it means to move the muscles to different positions and so to develop an articulatory awareness.

He copies simple movements as instructed ('arm up', etc. . . .). He performs the move-

ent and then repeats it on a mannikin. The child copies poses from pictures, with his own body and with other elements such as plasticine or a mannikin (fig. 3).

2. Exercises to develop the child's own spatial co-ordinates, so that he understands his relationship to his environment. He learns the meaning of above/below, in front/behind, left/right, on himself then in relation to objects by placing building blocks and sticks in a restricted space, first on being told where to put them and then by copying a model. With appropriate exercises the child is then taught to distinguish before/after, far/near, yesterday/today/tomorrow, and finally left/right.

For all these exercises, constructive activities are chosen and introduced to the child in ways of demonstrating the principles set out above. The child, for example, learns to put together a face made of felt from the individual pieces of a nose, a mouth, etc. (fig. 4), and of the human figure. He completes jigsaw puzzles with 2, 3, 4 and more pieces of people, animals and other objects. He copies models or drawings by placing pegs in the same pattern (fig. 5). He places objects at different angles (fig. 6). As these exercises proceed we include the rhythm exercises developed by Madame Albitreccia and also those prescribed by the 'Bon Départ' method. Together these exercises prepare the child so that he can learn among other things, to write, following the same basic principles.

This is only a summary of the method. The training is given at the rate of two to four sessions a week. Each session lasts 20 minutes. Progress through the exercises must be adjusted to the capabilities of each child. The results are often slow but show positive improvements.

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Fig. 1: Exploring self



Fig. 2: Exploring others

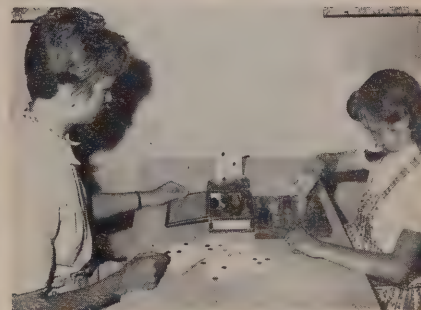


Fig. 3: Copying poses from a picture

Fig. 4: Making up a face

Fig. 5: Reproducing patterns with pegs

Fig. 6: Positioning objects



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Addresses

Madame Ghislaine Le Borne
Head Occupational Therapist
Centre de Rééducation
A.N.E.T.P.C.
4 Place Jamblinne de Meux
Bruxelles 4
Belgium.

Association Nationale des I.M.C.
33 rue Blanche
Paris 9ème
France.

SOLUTION TO DRAWING:
It is a cleaning woman on her knees with her bucket beside her

Sharing

by J. H. Watson, Warden of Prested Hall

LARS CEDERBERG, a spastic from Sweden, a long gangling youth with poor use in his hands but a remarkable gait which ate up the miles, visited Prested in the summer of 1963. Highly intelligent, with a fair knowledge of English and only a slight speech defect, he came with a programme of things to do and see which he promptly put into effect. The first morning he set off for London on the early train accompanied by two of our residents and an escort. From Liverpool Street station they took a bus to St. Paul's and toured the Cathedral, after which the walk began. The British Museum, Madame Tussauds, The National Gallery, Westminster, the Tate Gallery; each had their turn, after which time our own residents and escort returned exhausted, leaving Lars to stride out to Hyde Park and from there to the Prom concert. After the concert Lars asked a constable to direct him to 'the night life' but the constable, thinking Lars drunk, advised him to go home. Lars had not travelled from Sweden to be told to go home, and the time only 11 p.m., and so off he loped to Soho where he sampled the various establishments. At 4 p.m. he caught the milk train to Colchester and at 6.45 a.m. I was awakened by a telephone call from an anonymous caller to say that 'one of your people is on the main road thumbing a lift'. I dashed out in a vehicle and scoured the A.12 and there was Lars, relaxed and happy, waiting to be picked up. We came to Prested and Lars ate the largest breakfast I have seen eaten for some long time.

Breakfast eaten I suggested that Lars might want a rest. 'What for?' said Lars. 'I thought we were going to Cambridge?' So off we went with a reserve team, the London team nursing their blisters. The colleges seemed miles apart. Every nook and cranny was examined. There are many people like myself who like to visit a chapel such as Kings College Chapel and just sit and soak up the smell of centuries and listen to the feet of those long since dead. Not Lars. Not so long as he had one foot to push a yard away from the other. At 4 p.m. we arrived at The Backs and came to the river Cam. This is a spot where I invariably persuade visitors to sit and watch the punts. Not Lars. He wanted to punt. And punt he did, in spite of his handicap. A weary and footsore party crept into the Utilabus on the evening of the second day of Lars, to be goaded throughout the

journey with ceaseless questions. For the rest of his visit we organised things differently and had a relay to help to see him around, and one blessed day he went out alone. Everyone was relieved to see the back of him and we all wish him well in Sweden.

The point of the story is that centres need such epic experiences. Unless we get a real shake up now and again we can become moribund and deadly dull. Tobias needed the Angel; and we need visitations. While it is nice and cosy to continue the even tenor of the way it is not very inspiring. The dramatic impact, the sheer physical presentation of a visitor and visitors lifts us out of the inertia and apathy which consumes so much of our effort. Our complacency, self-righteousness, hypocrisy, humbug, our limited use of a single language, our outworn tenets, all the bits of pretentiousness with which we surround ourselves, must go. And the healthy way of disposal is for the old growths to be pushed off by the young shoots which will not be denied. It is good that a doctor from Israel should be highly critical of our standard of assessment. It is healthy that a Danish physiotherapist should speak in terms of possible improvements. It is necessary that a French paediatrician should be critical of our welfare services. It is salutary that a married spastic should tell us about other countries, other ways. Beware the closed community: beware the shut door, the drawn blind, and more important still the closed mind and the indifferent heart.

I know only too well of the temptation to look for the final ostrich hole and sit out the rest of one's days in it. Sore feet and a weary mind are reminders of the price to be paid for entertaining visitors. Life pouring through a man is not all ecstasy and can be agony. Life expressing itself in every facet of activity in a centre is not the most comfortable way in which to earn a living. When I put a notice on the board to say that another student is expected there is more likely to be a wail of 'Not another!' or from the residents a cry from the heart: 'Is there to be no peace?' or from the domestics, 'Where is he going to sleep?' than that the red carpet should be put out. And when a number of students foregather and actually talk in a foreign tongue—why, this is downright treachery. To be so ignorant they cannot speak English is the final insolence.

But I am a perverse warden, visiting the

sins of the community upon each individual resident and staff. And in time there we are, loving one another like ordinary folk the world over. Language barriers disappear. The Swiss lies down with the Viking; the Dutch from the land of Erasmus himself; the French proudly refusing to converse in English, the Nordic meets the Arctic and all share a love for Beethoven and Purcell and Sibelius and Benjamin Britten. Bach and Mozart show us the greater harmony. We keep the open door. We have a cloister anyone is free to share with us. And in return our messengers go forth to France, Switzerland, Holland, Denmark, Sweden—not perhaps preaching the gospel of peace so much as proclaiming to all men the universality of suffering and the divinity of compassion. Our hospitality has never been that of the high table, red wine and exotic dishes, for we only have plain fare. Nor have we sought for ourselves while abroad either the exciting sin in Paris or the mayoral reception in Holland. But we have Anna in Holland. A short letter to Anna indicating the day of arrival and the number in the party and there is Anna, like a tower, who on one occasion stopped the ferry with 'Spastics!' and when the sailor continued his casting off operation nearly threw him into the water with 'English spastics!' And the gentle Henri of Copenhagen who, in spite of both his own and his wife's disability was the genial host, inviting our own folk to warm their hands at his fire. And those kindly Swiss students who accepted into their homes so many of our residents, and whose birthday and Christmas cards come with encouraging regularity to remind us of many kindnesses and much practical help.

We have also entertained Americans and other nationals, all of whom have brought something in and, we hope, taken something out. But all have caught up something of the challenge of the situation. Some of them have cheerfully helped out at other centres. It is fashionable to sneer at the enthusiasms (the word really means God within us—and God knows how little we want God around but do we *have* to be so damned discreet. Do we have to be everlastingly careful, doing the right thing, making no mistake, thinking of our superannuation? Or worse still, do we *have* to be thinking *all* the time of how important we are?

Some of our new students arrive completely with the name of the cook. The temper of each resident, the very rooms they will occupy, have been decreed to them with fidelity. We have also had the important visitor, the expert, the dignitary. We have an especial role to play here, for we have pride to show the English care for the spastic, the residential provision, the amenities, the sheer size of which gives us the leadership of the world. And it is good that we sometimes feel proud of what we do. Not least of our achievements is our effort to universalise human relations. Any process of integration is creative. Crashing through barriers of difference is a liberating experience. 'All living is meeting.'

Caring for Spastic Children in the Federal Republic of Germany

by Miss Kaupmann

AFTER THE Second World War, the successful treatment of spastics in the Anglo-Saxon and Scandinavian countries gave the parents of spastic children in the Federal Republic of Germany the idea of forming societies, in order to help their own children quickly and effectively. The first of these societies was formed in Munich in 1956. The following years witnessed the formation of 39 parents' associations of this type which, at present, have about 4,000 members. These societies, which deal primarily with spastic children

and, in country districts, with some children having a different kind of handicap as well, are to be found all over the Federal Republic, and there is a particularly large number of them in North Rhine Westphalia. Their aim is to enable handicapped children to be given help and care locally whilst they remain at home—there had been no facilities of this type up to then. The requisite treatment and day centres were built and maintained by the societies themselves, by the communities or the large welfare associations (such as the German Red Cross, the German Parity Welfare Organisation, the Workers' Welfare Society, the Interior Mission and the Charitable Society). The children are taught in special schools or at home. Up to the time of reporting, there are only a few training centres and sheltered workshops for those who cannot find open employment.

In 1959, the parents' associations joined forces in the 'Union of German Societies for the Benefit and Care of Spastic Children', in order to be able to advocate their interests on a Federal basis. This Union, whose President is the wife of the Federal Chancellor, Prof. Ludwig Erhard, has the following aims and objects:

1. To educate the general public about the problems of spastics and their families (by publications, through the press, over the radio and television and by posters).
2. To conduct Seminars for the further information and instruction of doctors, educationalists, youth leaders, occupational therapists, etc., and to publish the findings of such Seminars.
3. To collect, sift and expand the experience gained in the field of the treatment and care of spastic children.
4. To co-operate with all the institutions which help and care for spastics, including similar organisations abroad.
5. To make representations to the legislative organs and respective authorities to improve social laws.
6. To support the affiliated parents' associations (advice, circulars, written material and films).
7. Recuperative holiday schemes.
8. To create super-local facilities for the scholastic, vocational, etc., training of spastics.

In the not too distant future, it is planned to construct a model national spastics centre in which to train experts, conduct courses for mothers and children, and where spastics can recuperate and receive treatment.

The Union is supported by the Federal Government, and is a member of various welfare organisations, such as the German Society for the Rehabilitation of the Handicapped which, in turn, is affiliated to the World Commission for Cerebral Palsy.

The Union has formed a study group in conjunction with the 'Lifeline for Mentally Handicapped Children' and the 'Federal Union to Aid Contergan-Children', in order to help each other with the problems that concern them both. (Contergan is the trade name in Germany for Thalidomide.)

Statistics show that 1,500 spastics are born annually in the Federal Republic and that there are therefore 21,000 spastics up to age 14.

The success achieved up to now justifies the hope that these children who have been so severely afflicted will, one day, receive the help which will put them in a position to lead a reasonable and useful life within the community.



Teaching a German spastic boy to feed himself with a special knife-spoon

CEREBRAL PALSY IN SPAIN

(Continued from page 7)

Family Club two years ago with periodical meetings held by radiologists, doctors, lawyers, priests, etc. These meetings are a great help and stimulus to the parents.

This association which started with only four parents, has now increased to 400 members (that is parents of a C.P. child) and 600 honorary members who give financial aid.

When they join the association the children are examined and classified in our centre, and afterwards they receive adequate treatments which include physiotherapy, occupational therapy, speech therapy and pedagogy.

This year some of the children received their first Communion and felt as all normal Spanish children, that it was the happiest day of their childhood.

The Future of the C.P. in Spain

The future is hopeful; once the whole problem has been brought into the open and understood by parents, doctors, and authorities, we shall be able to habilitate the child to his maximum, physical, mental, pedagogical, social and vocational capacity, giving him the opportunity of an active participation in the social nucleus to which he belongs.



The Role of Volunteers in V

by Sig-ra Teresa Serra, Secretary General, Association

This article is part of a paper given at the Ninth World Conference on the Rehabilitation of the Disabled, in 1963. The figures on

I WOULD like to make a few distinctions concerning volunteers and voluntary work. A first distinction regards volunteers as individuals. To me there are two separate and distinct types: those who start a new activity or agitate a new problem and those who support or give their time to something already in existence. That is, if I may say so, a distinction between 'pioneers' and 'auxiliaries'.

A second distinction concerns the type of approach of volunteers to work. Here again I believe they fall into two categories, one more used in the past based on charity and sympathetic pity, the other more modern based on solidarity and on the awareness of the civil rights of every individual.

A third distinction could also be made between good and bad volunteers, but what really matters here is to point out certain dangers and weaknesses which might be found and indeed should be avoided in voluntary work, such as the tendency of some volunteers to believe themselves to be as qualified as professional workers, or the unconscious search for the solution of a personal problem, or the fact that volunteers may be irregular and unpunctual in attendance.

In countries where there is no tradition of voluntary work in the provision of direct services for the handicapped, professional workers have a tendency to consider volunteers as a burden, or in any case to underestimate them. On the other hand volunteers, left to themselves without guidance, do not provide the desired results. In this way an inevitable vicious circle is created which is difficult to break. This is for instance the general situation in my own country,

although in the last few years some progress has been made.

Speaking specifically about my own country: we definitely had more success in the pioneering side than in the auxiliary, and I think that it is of some significance that the first pioneer action in Italy was initiated by an English born Italian volunteer, Countess Ginevra Terni. After having taken her spastic niece to England for treatment she returned to Italy and worked so hard to get doctors interested, that she finally succeeded in having a Centre started in Crema. Moreover through the action of some of her friends in Parliament a special Bill for the treatment of the cerebrally palsied was approved. This Bill has been in operation since 1955 and has resulted in the establishment, in these few short years, of some 45 Centres throughout Italy.

Generally speaking the initiative of welfare activities for the handicapped in Italy has been traditionally either religious or governmental. Of course volunteers have always existed, for example the many 'Dames de Charité' of St. Vincent de Paul, or the many Red Cross volunteers, but the type of voluntary work, though evolving and becoming more modern, still retains a certain sympathetic charitable character about it, if not, as is said by some of our doctors, an exhibitionistic one.

Moreover, we Italians have developed a certain attitude of reciprocal indifference in the relationship between State and citizens, and as consequence we often lack a feeling of responsibility towards the community. Maybe most of this is due to the long foreign dominations and to the comparatively short period of democracy in our country.

I still very vividly remember my first reaction when I took my cerebrally palsied child to England for treatment in 1952. One doctor said to me: 'Why don't you go back to Rome and try to do what other parents have done here and in other countries?' At these words I could not help but smile, so strongly ingrained in me was the feeling of complete impotence of the single individual, and maybe the unconscious habit of relying on having things done by the State or by other authorities.

I tried to explain to the doctor how impossible it would be in Italy to do what he suggested, but he insisted and left me with these words: 'Well, remember that if parents had not pushed us into doing something, we

doctors would probably have continued to consider cerebrally palsied children hopeless.'

I soon discovered how true his words were during the course of my visits to other English centres and schools for spastics. I also contacted the two Cerebral Palsy Organisations then operating in England, and which have recently amalgamated. The example of what a small group of parents had been able to achieve in such a short space of time impressed me very much, and the words of the doctor often came back to my mind.

At the end of my stay in England I had the good fortune to meet the first Italian physiotherapist who had worked at the Centre of Crema, Miss Carla Bauman. I immediately felt the impulse to ask her if she would agree to work in Rome in case I succeeded in organising a Centre. She said yes, and also gave me a list of Roman parents whom she knew had a similar problem to my own.

Arriving back in Rome in January 1954, I went from house to house contacting these parents with the object of becoming organised and to try and start a small Day Centre for our children. Among them there was a very active father, Ing. Migliardi, who was trying to do the same thing, and so we put our efforts together. We were all soon in agreement, and, as no help was forthcoming from anyone else at that time except three rooms given by the local Red Cross; we decided to share the expenses of the Centre ourselves. Just as an example of the situation which then existed, the Director of a Children's Hospital in Rome who had expressed considerable appreciation of our project, said however that cerebral palsy was, at that time, still a 'De Luxe problem' in Italy.

In April 1954, the new small Day Centre was started with a maximum capacity of 10 or 12 children. In this way our personal problem was solved, but very soon we were faced with the problems of others.

November 1954, seems to have been a happy date for the world-wide Cerebral Palsy Movement, in fact without knowledge of each other, three organisations for spastics were founded during that period, in France, Belgium and Italy.

At the beginning of my work in Italy, I had the great fortune to meet, almost by accident, Sig. ra Gabriella Giordano, who has been pioneering with me during all these years. She was not a 'mother', but had already been very active in social work, and she

k for Spastics

liana per l'Assistenza agli Spastici, Italy

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on for Spastics in Italy have been brought up to date

firmly believed in community action and when I told her about my idea, which then still seemed like a dream to me, she immediately joined me and pushed me on to fight, in order to make our dream come true. Without her I would probably have never had the courage and confidence in myself to go on.

From 1954 the Associazione Italiana per l'Assistenza agli Spastici operated on three levels:

1. Internationally it has maintained frequent contact with the many organisations existing throughout the world. It was among the first Members of the World Commission on Cerebral Palsy and since 1960 has been an Associate Member of the International Society for Rehabilitation of the Disabled.

2. Nationally it has created local groups in about 30 different towns in Italy, and it acts as a clearing house for the dissemination of information about cerebral palsy. It brings together the various people working in the field through its annual meetings. It has obtained recognition from the Ministries of Health and Education which provide for part of the expenses incurred in supplying the various services, and whenever a proposed new law of some interest to spastics is to be discussed in Parliament, the Association endeavours to make its voice heard through personal contacts with Members of the Legislative Commissions. Moreover it maintains and promotes good contacts and co-operation with other organisations for handicapped in order to obtain a stronger impact for the eventual solution of common problems, such as public education, architectural barriers, vocational training, shelter employment, etc.

3. Locally, according to the specific needs of their community each group tries to provide the necessary services and many of them have been able to obtain significant support from their Local Authorities. Out of the 45 Centres for Spastics in Italy, 16 are operated by our local groups. Their particular characteristic, in relation to the others, is that they are organised on a non-residential basis since we believe that it is very important to keep the child, whenever possible, within the family circle. From the point of view of finance, these centres obtain help partly from the allocated funds of the Ministry of Health and partly from the Local Authorities. The rest has to be found by the local group through the medium of a local fund raising campaign. As an example of services provided by a local group the one in Rome has

organised a day clinic, a school, a workshop and a club for adults.

We have more volunteers in the general administration or organisational side than in one providing direct services to the cerebral palsied.

As far as our problems are concerned, now that Italy has more or less provided for medical treatment and primary education, we are faced with the problems of secondary education, vocational rehabilitation and job placement. Some attempts have recently been made in these three fields, but they are far too few and it is too soon to judge the results. Our efforts for the future will be aimed at the solution of these problems and also at finding ways to solve another more difficult problem, the one of long term care of the very severely disabled.

But now the moment has arrived for me to be precise about what I mean by voluntary work. To me, this is the equivalent of being a good active citizen, who becomes aware of the problems and needs of his community, and who tries to solve them, or to help others who are trying to do so.

In our modern democratic States, where the State is, or at least should be, Us, the role of the volunteers in all fields of rehabilitation, cerebral palsy included, consists of becoming aware and ensuring with all of our forces the right to medical care, education, work and social security, in other words, the right to be accepted as a full member of society for all persons who, through no fault of their own, were born or became disabled.

To this aim all of our forces must be united, those of the State, those of professional workers, those of the handicapped themselves and those of the volunteers. This mutual fight, made in agreement and in harmony, will ultimately lead us to a quicker realisation of our common goal.

Let me close now with a little nationalistic touch by quoting the following beautiful words of Dante, which I am sure will express my thoughts far better than I am able to do. Dante said:

' . . . he who does not take care to make his own contribution, small though it be, towards the advancement of the Society to which he owes his being, need not doubt how far short he falls doing his duty, he is not the tree sprung by the river's side to bear fruit in its season, but rather a bleak rift in the earth which swallows endlessly and returns nothing. . . '

Calendar of International Conferences

FIRST MEDITERRANEAN SYMPOSIUM ON CEREBRAL PALSY, Rome, Italy, September 19-23, 1965.

(For information: Associazione Italiana per l'Assistenza Agli Spastici, Via Crescenzo, 25, Rome, Italy)

WORLD FEDERATION FOR MENTAL HEALTH, Eighteenth Annual Meeting, Bangkok, Thailand, November, 15-19, 1965.

(For information: World Federation for Mental Health, 1, rue Gevray, Geneva, Switzerland)

FOURTH QUADRENNIAL CONGRESS, World Federation of Occupational Therapists, London, England, July 18-22, 1966.

(For information: 963 Avenue Road, Toronto, Ontario, Canada)

INTERNATIONAL CONFERENCE ON SPECIAL EDUCATION, London, England, July 25-28, 1966.

(For information: Mr. V. G. T. Rosewell, Organising Secretary, Avery Hill Training College, Bexley Rd., London, S.E.9, England)

XIII INTERNATIONAL CONFERENCE OF SOCIAL WORK, Washington, D.C., U.S.A., September 4-10, 1966.

(For information: Miss Ruth M. Williams, Executive Secretary, International Conference of Social Work, 345 East 46th Street, Room 1012, New York, N.Y., 10017, U.S.A.)

THIRD INTERNATIONAL SEMINAR ON SPECIAL EDUCATION, International Society for Rehabilitation of the Disabled, Germany, September 7-10, 1966.

(For information: Secretary General, International Society for Rehabilitation of the Disabled, 219 East 44th Street, New York, N.Y. 10017, U.S.A.)

TENTH WORLD CONGRESS OF THE INTERNATIONAL SOCIETY FOR REHABILITATION OF THE DISABLED, Wiesbaden, Germany, September 11-17, 1966.

(For information: Secretary General, 219 East 44th Street, New York, N.Y., 10017, U.S.A.)

INTERNATIONAL SYMPOSIUM ON THE DEVELOPMENTAL NEUROLOGY OF THE CHILD, Prague, Czechoslovakia, September 15-17, 1966.

(For information: Ivan Lesny, M.D., Secretary of the Symposium, Neurological Clinic, Charles University, Prague 2, Czechoslovakia)

INTERNATIONAL SEMINAR ON VOCATIONAL ASSESSMENT OF THE DISABLED, International Society for Rehabilitation of the Disabled, Berlin, Germany, September 18-21, 1966.

(For information: Secretary General, International Society for Rehabilitation of the Disabled, 219 East 44th Street, New York, N.Y. 10017, U.S.A.)

XV INTERNATIONAL CONGRESS ON OCCUPATIONAL HEALTH, Vienna, Austria, September 19-24, 1966.

(For information: Dr. C. Frieberger, Managing Secretary, Sensengasse 2, Vienna, Austria)

Scottish Spastics

by A. S. Robertson, Secretary of the Scottish Council for the Care of Spastics

THE SCOTTISH COUNCIL for the Care of Spastics was founded in 1946. The governing body is the Executive Committee consisting of 30 elected and four co-opted members all of whom are intimately concerned with the education, medical treatment and social welfare of the handicapped. Collaborating with the Executive Committee and taking part in its regular meetings are Assessors appointed by the Scottish Education Department, the Scottish Home and Health Department and the Ministry of Labour.

The Council's principal role in Scotland is to initiate and pioneer special services for all those who suffer disabilities which result from cerebral palsy and kindred conditions.

Either at the outset of projects or, in appropriate cases, after voluntary pioneer services have proved themselves, capital and revenue costs are shared between the Council and Statutory Authorities.

A good proportion of the work initially done by the Council is not State-aided and there are some special services which, unless new legislation changes the position in the Council's favour, may remain its responsibility indefinitely.

New cases of cerebral palsy are referred to panels of specialist consultants who attend to the Council's out-patient clinics to diagnose and screen patients who are subsequently reviewed at specified intervals. The consultants have carried out research programmes with

the Council's financial help. The results have been published and received with great interest in medical and educational circles throughout the world.

The Scottish Council's work during the past 19 years has been financed by donations from the public and grants and fees from Statutory Authorities. Funds from voluntary sources are largely used to supplement statutory grants, including shares in the cost of new schools and other buildings, and to cover expenditure on developments which are not yet accepted as the liabilities of the State.

The Council now has three residential schools for spastic children, out-patient clinics, training units, sheltered workshops, a hostel for workers, a holiday home and several special services involving mobile therapy groups and teams of social workers who give treatment and counsel in the homes of spastics throughout the country.

In the current year—1965—the Council is building a new residential school for 40 children at Corseford in Renfrewshire. A commodious extension is being added to Stanmore House, Lanark, which will eventually house 80 severely handicapped children. The hostel is being enlarged to accommodate up to 40 work-trainees. This costly expansion programme is expected to be completed by the end of 1966.

Twelve local Associations of Parents and Friends of Spastics are affiliated with the

Council and those in the more densely populated regions have day centres or other services of their own. Co-operation is closely integrated.

In April 1965, the Council launched a national appeal for a million pounds to finance further capital development during the next ten years. This will take the form of community centres in carefully chosen localities.

Without neglecting the needs of children, priority is being given to the needs of adult spastics. The centres will probably differ from one another in the composition of their special services but the overall objective is to provide accommodation and essential services for spastics of all ages and degrees of physical and intellectual handicaps. Permanent residential care of very severely handicapped spastics will be available at the centres to relieve the anxiety of parents about the welfare of their children in the proper environment when they can no longer be taken care of at home.

Until all the needs of spastics are provided for, the Scottish Council will go on expanding all branches of its work in consultation with Central and Local Authorities to ensure that there is no over-provision or over-lapping of special services.

Correspondence or enquiries should be addressed to the General Secretary, Scottish Council for the Care of Spastics, 'Rhuemore', 22 Corstorphine Road, Edinburgh, 12.

They Use Our Products

SOME OF the contract work produced at Sherrards Training Centre at Welwyn, Hertfordshire, is exported to countries all over the world. The wire hose clips made for the motor industry could find their way into the remotest parts, or at least wherever wheeled vehicles can operate. Among other items we produce are steel corner pieces for banded packing cases, which are exported to Denmark and British Guiana, and the aluminium components which we turn on our capstan lathes for laboratory equipment, are sent to the U.S.A.

Wherever there is road transport using tunnels, such as those under the Thames, it is necessary to measure the percentage of exhaust fumes in the air. A delicate instrument called a gas analyser does this particular job, and before the air pollution reaches a

dangerous level, the instrument automatically switches on the fans necessary to clear the fumes. Sherrards make the copper capillary tubes which are part of this device and which is exported to China, Russia and Germany.

None of the people using these products know that they have been made by Spastics, but, on reflection, why should they? When

people buy a product they expect value for money, and on our part we wish for no concessions because things have been produced by handicapped workers. Rigid inspection on our part gives a twofold advantage—a satisfied customer and a repeat order—and that is as it should be.

*W. M. Jones,
Training Manager.*

Holiday Abroad for Coombe Farm Spastics

COOMBE FARM RESIDENTIAL CENTRE, Croydon, is planning to send 16 residents to a hostel, which has recently been purpose-built to house disabled people, in Gwatt, Switzerland. It is situated in a suburb of Thun and on the lake of that name. A firm of specialists in educational travel is arranging to supply a coach from Ostend which will transport our party to Gwatt and it will remain with them for the period of their stay so as to facilitate

sightseeing and expeditions. This firm will also arrange accommodation en route and will work out details and the cost of the holiday. Quite numerous staff will, of course, be needed in attendance and, as a principle, the selection as far as is possible will be of residents who will be able to understand and appreciate the experience of such a holiday abroad.

*F. W. Bowyer,
Warden.*

Rehabilitation of the Disabled in Poland

Facts and Figures

THE population of Poland totals 30 millions of which 900 thousands are heavily handicapped.

Rehabilitation comes within the field of competence of the Ministry of Health and Social Welfare, Ministry of Education and the Union of Invalids' Co-operatives. As regards the Ministry of Health and Social Welfare, the medical rehabilitation is the particular concern of the Propylactics and Treatment Department, Mother and Child Department, the Medical Colleges Department and the Department of Higher Education and Science, while vocational rehabilitation—is the responsibility of the Department for Vocational Rehabilitation of the Disabled.

Medical rehabilitation in the particular voivodships and districts is carried on by the departments of health and social welfare at the praesidia of the people's councils. Within these departments there are special sections tackling rehabilitation problems, e.g., the propylactics and treatment sections and the vocational rehabilitation sections.

Prosthetic and orthopaedic appliances are manufactured by the establishments set up especially for the purpose in Warsaw, Poznan, Cracow and Katowice as well as by 13 voivodship centres of orthopaedic appliances and in the special workshops at the orthopaedic clinics in Poznan, Warsaw, Lublin and Gdansk. The problem of the production of prosthetic and orthopaedic appliances is tackled, as a whole, by the Orthopaedic Industry Board at the Ministry of Health and Social Welfare.

Medical rehabilitation in another field is conducted in some 100 centres of outpatient and hospital treatment. What is more, rehabilitation ideas have also been introduced into all disciplines of medicine, e.g., orthopaedic, psychiatry, neurology, rheumatology, internal diseases, treatment, etc.

The personnel required for medical rehabilitation are trained at special courses (e.g., for doctors, occupational therapists, physical training instructors) organised for the purpose by the Orthopaedic Clinic in Poznan and, in some cases, by other hospitals, e.g., the Bone Surgery Hospital in Konstancin, Rehabilitation Sanatorium for TB Patients in Otwock, or the Psychiatric Hospital in Branice. Two-year schools for physiotherapists and occupational therapists are also being organised.

Vocational rehabilitation is concerned not

only with the preparation of the disabled for work but also with the conditions prevailing in their respective work establishments. At present there are seven institutions for the vocational training of invalids (in Poznan, Wroclaw, Cracow, Przemysl, Otwock, Srem), able to provide training for 1,400 people. Three thousand more people are trained annually in the workshops of the respective invalids' co-operatives.

Instruction at the vocational training centres lasts from one to five years. The praesidia of the People's councils have their inspectors for vocational rehabilitation whose task is to tackle the employment problems of the disabled. Every years some 18,000 heavily afflicted people are placed in employment. They are given jobs in various workshops. It is estimated that the total number of disabled employed in this country amounts to 500,000. The relevant regulations (1951-53) issued by the ministers of the economic sectors concerned, settle the problem of the employment and of assistance to the disabled workers.

At present a three years correspondence course for vocational rehabilitation personnel is being worked out. Meanwhile the staff necessary for the purpose is being trained at short-term courses.

The Union of Invalids' Co-operatives, affiliating 395 co-operatives with 57,800 disabled workers, plays a specific role in the national programme of rehabilitation. The task of the invalids' co-operative movement is to provide employment for the most heavily afflicted, and to create conditions conducive to the vocational work of such persons. A certain number of the disabled are employed in sheltered workshops. Thirty workshops of this type will be set up in the course of this year. Technical aids, easing the daily life and work of the disabled, are produced by a co-operative establishment also affiliated with the Union.

Every year some 100,000 persons require vocational and social rehabilitation.

The scientific problems involved in medical rehabilitation are studied by some research centres, e.g., the Chair of Physical Medicine in Poznan, the Orthopaedic Clinics in Poznan and Warsaw, the Bone Surgery Hospital in Konstancin, Neurological Clinics—Warsaw, Cracow, Poznan, the TB Institute, Rheumatological Institute, Psychoneurological Institute, the Psychiatric Hospitals in Branice and

Drewnica, the Rehabilitation Sanatorium for TB Patient in Otwock and the III Internal Diseases Clinic in Cracow.

The problems of vocational and social rehabilitation are the particular field of interest of the Section for Research at the Department for Vocational Rehabilitation in the Ministry of Health and Social Welfare, of the Research Centre of the Union of Invalids' Co-operatives, the Section for Methodology at the Invalids' Vocational Training Centre in Wroclaw, the Research Centre of the Polish Union of the Blind and the Programme Committee of the Polish Union of the Deaf. Besides, there are also several specialist committees engaged in the scientific work on those problems. Mention should be made here also of such commissions of the Polish Academy of Sciences as the Commission for the Compensation of Injuries to the Locomotor System, the Hearing and Sight Injuries Compensation Commission or the Commission for the Disturbance of Speech.

Lectures on the rehabilitation of the disabled are included in the curriculum at the Physical Training Academies in Warsaw, Poznan, Wroclaw and Cracow as well as at the Institute for Special Pedagogics and the relevant department at the University of Warsaw and at the Psychology Department at the University of Poznan.

In Poland there are also several social organisations fostering the work on the expansion of social and vocational rehabilitation, e.g. the Polish Society for the Rehabilitation of the Disabled, the Union of War Invalids of the Polish People's Republic, the Polish Union of the Deaf, the Polish Union of the Blind and the Association of the Retired, Pensioners and Industrially Injured Invalids.

A draft law on the rehabilitation of invalids is at present being prepared by the Ministry of Health and Social Welfare.

Poland maintains vivid contacts with numerous international organisations dealing with the rehabilitation of the disabled. This is testified to, not only by Poland's Affiliation with the International Society for the Rehabilitation of the Disabled, the World Federation for the Deaf or the World Conference for the Blind, but also by her participation in international congresses and conferences, and by the animated exchange of specialist publications and of the fruits of experience acquired in the field of rehabilitation.

Care for the Cerebrally Palsied in Israel

by E. Raz, Chairman of the Israel Foundation for Handicapped Children

As in many other countries, so in Israel the first steps towards the care of the cerebral palsied were taken by a handful of parents. These parents could not bear the heavy burden by themselves any longer, could not see any longer the idleness of their unfortunate children, and could not tolerate the negligent attitude of the existing organisations for various handicapped children towards the child who happened to be cerebral palsied.

In 1958/59 a small group of parents from various levels of our society and representing cerebral palsied victims of different ages, founded the Israel Society for the Cerebral Palsied, called in Hebrew, 'Shatlem'. It was registered as a non-profit-making charitable society working throughout the country. Its governing body, a committee of seven, entirely composed of parents of cerebral palsied children, was enlarged afterwards by a few volunteers.

As is the case with most voluntary health organisations, Shatlem had two major goals, one directed towards community education for the public at large and particularly to government bodies and institutions, with the purpose of bringing to their attention the unmet needs of the cerebral palsied in Israel, and the initiating or enlarging of programmes of treatment, care, education, training and placement that must be dealt with in their total rehabilitation. The second purpose, and one of great consequence was to provide direct services and programmes for the cerebral palsied and their families, to serve as a demonstration of what could be accomplished and how such programmes can be carried out jointly with other public and voluntary organisations.

One of the first actions taken in 1959, soon after initiating Shatlem, was a meeting held with the Ministry of Health, requesting a survey be conducted to determine the number and condition of the cerebral palsied in Israel, and that a pilot assessment centre be set up for the cerebral palsied children.

Shatlem was lucky at that time to get the help of the medical staff at one of the governmental hospitals called 'Asaf Harofeh', who supported wholeheartedly our demands. At this hospital, there existed a special wing for poliomyelitis cases, and a part of this wing was offered for the cerebral palsied. At this time another public organisation called 'Malben' JDC, which was mainly concerned with health problems of new immigrants, also gave its support to the establishment

of this new wing at the above-mentioned hospital.

Thus the foundation for a Cerebral Palsy Assessment Centre was laid at Asaf Harofeh, now serving children from all over the country (30 beds). The average stay of each patient is three months. Shatlem participated from the beginning of the operations of this unit by transporting the children from the neighbourhood of a radius of 15 miles to the hospital, where they get their elementary education in two classes, a kindergarten and a one grade school class, which is an integral part of the total assessment and evaluation work done at the hospital. It should be mentioned here that due to a visit of Dr. Ross Mitchell from the University of St. Andrews in Dundee, Scotland, who was invited by the Ministry of Health, great efforts have been made to ensure that the cerebral palsied get the care they need. Dr. Mitchell's report and his recommendations are still the basic material for the upbuilding of services for the cerebral palsied. One of his recommendations was the setting up of a National Council for Cerebral Palsy in Israel, which is built up by representatives of public and private agencies and organisations within Israel.

But all that was done, as mentioned above, did not satisfy the very dynamic and hard working committee of Shatlem. It wanted to point out the unmet needs and provide better services for a greater number of children and adults, and so it established a special kindergarten in Tel-Aviv for six children which developed to the 'ON' (Strength) School for cerebral palsied children in Tel-Aviv. This school, caring today for more than 30 pupils, is now a recognised municipal school and has a staff of four teachers (one c.p. herself), a speech therapist, a physiotherapist and a vocational therapist. It is situated in a suburb of Tel-Aviv and now we are enlarging it at the cost of £25,000—by building a special therapeutic centre and adding two more classes. This school was and is a pilot project for other towns. Thus in Haifa, where no active group of Shatlem existed, a group for other handicapped children, together with the Municipality, started setting up a special class for cerebral palsied children, which is by now expanded to two classes and is situated in a wonderfully equipped building up on the Carmel mountain. There are also plans to set up a special school in Jerusalem in the near future.

From the beginning the working committee

stressed the need of organising the young adult cerebral palsy cases. We have been lucky in that there were amongst the handicapped some capable young men and women who inaugurated a group and called it 'Nitgaber' (we will overcome it), the main aim of which was to give the adult cerebral palsy cases the chance of meeting each other in order to exchange views, to learn from each other's experiences and have some sort of social activities. They published during a period of three years a bulletin of their own. Interest in, and concern for this group gave impetus to the establishment of a Malben Assessment Centre located at Machane, Israel, which provides medical, social, psychological and vocational evaluation. Nearly 900 cases were evaluated by this programme, which was supported by a grant from the U.S. Vocational Rehabilitation Administration. The conclusions of this research are not yet published, but we know already that more than 50 per cent of those completing assessment will be recommended to sheltered workshops.

As early as 1962/63 Shatlem was planning the establishment of a sheltered workshop, but due to lack of funds and know-how this was delayed. In 1963 Shatlem received the *Readers' Digest* International Rehabilitation Award—the first prize. The awards were given to societies which have done their utmost to improve rehabilitation services and facilities for the handicapped within their communities.

In 1964 an agreement was reached here to merge three voluntary groups, Shatlem, Ilanshil-Polio and Alin orthopaedic hospital in Jerusalem to form a new roof organisation called Ilan Israel Foundation For Handicapped Children, in Israel. In 1965 Ilan opened a sheltered workshop for cerebral palsied, called the Ilan Vocational Training Centre. The location of the workshop seems to be ideal for it is with 175 other small workshops in a large industrial area within the city of Tel-Aviv. Its aim is to be both a sheltered and a training establishment. It will serve 45-50 cerebral palsy cases and is divided into two departments, a weaving department and a metals work and assembly department. The staff consists of a manager and two instructors, one for each department. In addition, there is a housemother whose task is to look after the personal needs of the 'workers', as we call the C.P. cases working at the Centre.

Visitors are very much impressed with the serious approach to work and the concentra-

on the part of the 'workers' and the staff. The feeling that they are working in a real competitive and commercial undertaking has given these youngsters the impetus to produce more than in the past. The workers earn all the income from the sale of their products, weaving products or assembly work. The voluntary organisation pays the salaries of the staff and other expenses, such as electricity, telephone, etc.

The Ministry of Labour was so impressed by the work done that they decided to pay the cost of the two instructors for a limited period of time.

Another centre has been set up by Ilan and it is called 'The Kennedy Day Centre' for cerebral palsied children. There was a need for a centre where children too badly handicapped mentally as well as physically and who could not be kept in any other centre, could be kept during the day time. With the consent of the family of the late President of the United State, John F. Kennedy, the centre was dedicated in his name. One main purpose of the centre is to relieve the families from the burden of keeping the child at home and having to look after their other, healthy children at the same time. Perhaps only a parents' organisation could have had the vision to plan such a programme, which is a very costly, but a badly needed one. The centre now cares for 14 children from the ages of 6 to 13 years, and is equipped to care for

another five children. There is a housemother, two helpers, and a rehabilitation therapist. The children are brought to the centre every morning by a bus and stay in until 4 o'clock and then transported back home. Ilan today carries most of the burden financially with some participation of the Municipality and Welfare agencies.

Under the auspices of Shatlem a research programme on the 'Parental Attitudes to the cerebral palsied in various ethnic groups in Israel' is being done. The primary purpose thereof is to determine the attitudes of parents to their cerebral palsied children. Upon the findings an attempt will be made to find out what has to be done in this respect to improve the methods used till now. This Research Programme was made possible through the help of the Vocational Rehabilitation Administration of the U.S. Department of Health, Education and Welfare, which gave Shatlem a three years' grant for that purpose.

Social workers employed by Ilan, in each of the major cities, have regular hours during which they meet with and advise individual cases who apply to them. Often the need is to know where to begin to look for help, and they direct these cases to the proper local authorities. Very often, however, there is

need to find specific help for a situation where the existing facilities are inadequate, and the social worker must, together with Ilan and the local authorities, create special services.

Another need was to give these children some activity, suitable to their handicap—since all children, no matter how seriously handicapped, should have the benefit of being with others like them, and some planned programme.

In Tel-Aviv there is a clinic run by a physician of the Municipality, whose chief aim is advising parents of the very young cerebral palsied child.

As can be seen from this short report, the activities on behalf of the C.P. in Israel during the six years since the foundation of the Israel Association for the C.P. have been years of great progress and help for the handicapped and their families.

But still more has to be done. Uniting the former three groups Ilan is carrying on the task. Within this organisation a special committee has been set up, the only concern of which is to develop means and ways to progress the cause of C.P. in Israel.

We hope that this committee will fulfil the place of Shatlem in advancing the cause of the cerebral palsied in Israel.

(Below): Packing tooth picks in the Sheltered Workshop at Tel-Aviv



(Above): Speech Therapy at the 'On' (Strength) School at Tel-Aviv

A New Plan for Employing Spastics

by Beatrice le Gaye Brereton

WHAT would happen if the headmaster of a large school for the cerebrally palsied purchased a factory, complete with its manager, foreman, and able-bodied operatives, and sent all his school-leavers to work there? —

This is the plan that has been put into action by the Spastic Centre, Mosman, New South Wales.

A factory, originally employing a work force of about 200 able-bodied people, was purchased in October 1961. It produces telecommunications equipment under contract to various Government Services. These contracts are won on the open market with no consideration given because of the handicapped people employed. It is work that must be of the highest quality and the contract requirements must be firmly kept.

Spastics who had lived rather coddled lives were thrust into the hard, noisy and some-

times dirty world of normal industry. They were expected to use ordinary industrial machinery. Maximum output was expected. By their own choice their work output was rated against that of the able-bodied with no allowance for the difficulties they encountered. For some, this meant that, after working for a week, they earned no more than two shillings.

The able-bodied workers were faced across a work bench by people who they would probably have avoided in the street, who had difficulty in speaking, or controlling movements, or who were grotesque in appearance. They shared with them the washrooms, canteen and lunch table.

What happened? First, the able-bodied gradually came to accept the spastics as fully responsible workers. To exemplify this one can say that now, in 1965, six cerebral pal-

sied are actually working in the Production Control Department, which processes data on which the wages of *both* the able-bodied and the cerebrally palsied are based. A branch of the Commonwealth Bank is completely staffed and run by cerebrally palsied people. This bank is used by all those working in the factory. It is opened for only two to three hours twice weekly, but well over £200 passes through the hands of the bank clerks each week.

Second, there is developing a sort of cameraderie between the able-bodied and the cerebrally palsied. They all belong to the factory social club. The magazine published entirely by the cerebrally palsied is read with interest by their fellow-workers. With a few exceptions, each spastic has one or two amongst the able-bodied with whom he or she is on close, friendly terms.

This does not, of course, imply 'full integration'. It does imply gains for both communities. For the cerebrally palsied there is closeness to life as it is really lived. With this frequently, a degree of improvement in speech, demeanour and speed of response.

For the able-bodied, there is an appreciation of the kindness, cheerfulness and determination that characterise the behaviour of well-adjusted people who suffer from cerebral palsy.

The Miss Australia Quest

by Colin H. Clay, Director of the Queensland Spastics Welfare League

THE WORLD today is quite familiar with the pattern of beauty contests—pretty faces, shapely forms, whirring cameras and bathing suits.

However, there is one which is unique, and that is the 'Miss Australia Quest', which is presently conducted by The Australian Cerebral Palsy Association Incorporated, the National Body of the Australian Spastics Centres.

Prior to 1952 the 'Miss Australia Quest' had been running spasmodically in Australia for many decades, sometimes for charity, sometimes for commercial enterprise. One of these commercial enterprises picked up the then defunct 'Miss Australia Quest' in 1952 and promoted it as a commercial venture. This firm was Dowd Associates, marketers in Australia of Hickory foundation garments, and in that year and the next the Quest was promoted with entrants sending a photograph to the business headquarters of the promoters, a series of judgings took place, and, ultimately, a 'Miss Australia' was chosen.

In the second year of this venture, 1953, I suggested to the State Manager of Dowd Associates that, because of the public interest that had been engendered in the Quest, the

final judging in Queensland (an Australian State) should be held in public, tickets sold, and the proceeds to benefit the Queensland Spastic Welfare League. This discussion took place on a Thursday afternoon, with the judging scheduled for the Friday evening. Within 24 hours a hall was booked, tickets printed, the *Courier-Mail* newspaper alerted, and the City's Lord Mayor agreed to participate. The function was sold out within one hour of the tickets going on sale the next day. This was the beginning of the 'Miss Australia Quest' as we know it today, and a close liaison was established between the Chairman of Directors of Dowd Associates, Mr. Bernard Dowd, and the Australian Cerebral Palsy Association for the promotion of the 'Miss Australia Quest' on a nation-wide basis.

The plan was for each girl who entered the 'Miss Australia Quest' to raise a minimum of £50 for spastic children before becoming eligible to face judging in a Region. She would then go on to the State judging and, ultimately, a National winner would be chosen.

Gradually, the Quest increased in popularity and esteem and gradually the Australian Cerebral Palsy Association took over more and more of its operation, until, finally,

Dowd Associates felt, and A.C.P.A. agreed, that A.C.P.A. could fully conduct the 'Miss Australia Quest' as a promotional venture, and it had the co-operation of a number of sponsors who would help with providing an extensive prize list at no cost to the Spastic Centres. This is the picture today, and commercial enterprise works closely in conjunction with the Australian Cerebral Palsy Association which today completely promotes the Quest.

Perhaps the most pleasing aspect of all is that very few girls who enter the Quest cease their money raising activities at the qualifying fee of £50. Well over 1,000 girls enter the Quest each year and the majority of them raise well in excess of £50 each. The girl who raises the most money in Australia is called 'Miss Australia Quest Charity Queen' and is revered just as much, if in a different way as is 'Miss Australia'.

'Miss Australia' herself is chosen, not an Australian beauty in bathing costume. At no stage is a 'Miss Australia' entrant required to appear in bathing suit. As a large part of the world today knows, as each successive 'Miss Australia' tours as part of her prize, 'Miss Australia' is a representative of young Australian womanhood chosen because of her charm, personality, poise, general knowledge, and an ability to speak on behalf of Australia's young people and to work wholeheartedly in the interests of the cerebrally palsied children in Australia.

Such is the 'Miss Australia Quest'—the Quest with a difference.

If and when

by Loggie Wood
of Prested Hall

DOREEN JAMES' article, 'They', in the May '65 edition of SPASTICS NEWS raised many eyebrows and not a few murmurs of disbelief (Doreen wrote of the consternation of people in the shop where her engagement ring was bought, at the idea of marriage between spastics—Ed.), but I can vouch for it, as my name is on the receipt for the ring in question—and I'm proud of the fact. What, I wonder, will be the other customers' reaction if and when we are ever in the happy position to ask to see a tray of plain gold rings? Forewarned is forearmed: I shall carry a wee bottle of reviving juice in my pocket, just in case.

'If and When'. Those are the operative words, and how important they are. When the Society opened mixed residential centres, the public were shocked to the core. Orgies were forecast, along with a rapid birth rate. I have lived nearly ten years in a mixed centre, and during that time I have seen nothing approaching an orgie, and the birth rate has remained constant . . . at nil. The public is happy: all is well. Until someone buys a ring.

I know of several couples, like ourselves, who have paired up in centres, some from mutual attraction, some, originally, for mutual assistance, but whatever the original title of the magnet, it is nearly always recognised, eventually, as love.

Now, assuming a couple pair up in a centre when they are about thirty, and assuming they reach their allotted span. For forty years they will breakfast together, work together, go out together, watch the telly together . . . and say goodnight as they separate at ten o'clock. We have been twitted for Doreen's unfortunate analogy of the dog and bitch, but in the circumstances it was fairly apt.

Fortunately this state of affairs is not entirely universal. In Copenhagen, for instance, I know several spastics who have married, with some encouragement from the public.

The 'Kollektivhuset' on Hans Knudsens Plads is a huge 13-storey block of flats, which cost app. £800,000 when it was built by the Cripples' Building Society of the Municipality of Copenhagen in 1957, following the polio epidemic of 1952.

Although all the 170 flats were designed for the needs of the severely handicapped (*not only c-p's*), only one-third of the tenants are disabled. Most of the flats are small: 60 have one room only, 31 two rooms; and the rest have three or more rooms. A minority of the flats have self-contained kitchens: the rest have kitchenettes where light meals may be prepared. Restaurant facilities are available on the ground floor, and meals may be ordered and served in the flats.

The fact that two-thirds of the tenants are non-handicapped means that assistance, should it be needed, is never far away.

The Municipality of Copenhagen has paid the necessary deposit on behalf of those without means, and the Government and the Municipality subsidise the rent in respect of

18 flats. The disabled and the chronic sick receive a rent subsidy, irrespective of their income; in the case of single disabled pensioners with one-roomed flats, for instance, their rents are reduced to kr. 64 (app. £3 5s.) monthly, inclusive of heating; this amounts to app. 15 per cent of the monthly pension.

Of course, these flats cater for a very small minority—a mere drop in the ocean—but it has apparently been found less costly to the State to house its heavily handicapped *and their families* in this way than to put them into orthodox hospitals. Less costly to the State . . . and more humane to the individual.

Obviously, only a fortunate few smile through the windows from the inside on Hans Knudsens Plads. What of the others?

Take the couple I visited on my way back from the Swedish conference last year. Henri is an athetoid, able to walk, but, like myself, a bit ham-fisted when it comes to the finer things of life, like lifting a pleasantly filled glass. At the moment he is studying—taking a course in house agency—but so far he has been unable to find work.

His wife, Ulla, has had polio since 1952 and is paralysed from the waist down, but she is able to work as a laboratory assistant in the city. About five years ago they decided to marry and buy a small bungalow. The Danish Polio Association re-designed and equipped the kitchen so that everything could be reached and all the chores done from a wheelchair.

I have so far only mentioned a couple of which one partner is able to work. I didn't need to quote Denmark for that: I could name quite a number of such couples in this country. But in Denmark, if neither member of the couple is employable, they receive a joint pension totalling 1,004 kr. per month (£51 18s. 0d.); (a single person receives 605 kr. (£31 5s. 6d.) per month). If extra nursing care is necessary, an additional grant of 191 kr. p.m. (£9 17s. 6d.) is available. *N.B.*—These figures were operative from April 1964.

Thus, while marriage between heavily, or moderately heavily handicapped people may not be actively encouraged, it appears to have been found that, when the abilities and disabilities of a given pair are complementary to each other, i.e., when they are able to assist each other to a large degree, it is more economic to house them in a suitably designed or adapted flat than to resort to 100 per cent hospitalisation. More economic and more humane.

A start in this direction has already been made in Britain with the purpose-built hostels for the elderly, which include in their design a number of double rooms where Darby and Joan can shelter each other for a few more years from that ante-room to the mortuary, the Geriatric Ward.

I began my second paragraph with the phrase, 'if and when'. How long will it be before someone else dares to experiment on Danish lines, reducing my phrase (on behalf of others as well as ourselves) to a mere 'when'?

The Singapore Spastics Association

by Pamela Robinson

FOLLOWING an inspiring talk by Miss Paulette Leaming from New Zealand, herself a spastic, members of the Rotary Club and Medical Profession formed an interim committee to investigate the possibility of establishing an overall service for spastic children in Singapore. One of the first activities was the establishment in November 1957, of classes held in a borrowed lecture room in the general hospital. These classes, for ten children, were run entirely by voluntary helpers. In December the inaugural meeting of the association was held. Its objects were to assist spastic children in general, and to raise funds to develop and maintain welfare and educational services for them in Singapore.

In February 1958, under the auspices of the Colombo Plan, an experienced physiotherapist, Miss M. D. Hartridge from New Zealand, visited us for six weeks to make an assessment of the problem. We were given the use of a ward in the hospital and took an additional group of children. These were younger, of pre-school age. With them, as

with the older children, it was in many instances initially a case of gearing the programme of education, occupational therapy and social training to teach them how to play and learn to mix together. For those who haven't lived in Singapore, I can assure you that there are certain complexities about children who come from widely different backgrounds, and, of course, the same applied to us as voluntary helpers. Malay, Chinese, Indian, Eurasian, European—what a wonderful combination, and I am immensely proud and grateful for the opportunity which I was given to be a small part of it.

Unfortunately, at this time, Singapore had an epidemic. Overnight we moved temporarily to the physiotherapy department and later we rented a room in the newly-built Y.W.C.A. As from October 1958, I was appointed supervisor by the Association, and became their first employee. In July 1960, the present school and treatment centre at 25 Gilstead Road, was opened by the Patron of the Association, His Excellency The Yang di-Pertuan Negara, the Head of the State of



The Singapore Spastics Centre

Singapura. This was made possible through the Singapore Government, who leased the premises to the Association at a nominal rent and also to the generosity of the Rotary Club of Singapore who donated \$17,000 for equipment, furniture and alterations to the house to make it suitable for the children.

At this time I was joined by Miss P. T. Koh, our first teacher from the Education Department, who was seconded to us for a period of three years. The Association's work has expanded ever since. In 1962 Mrs. K. K. Khor, the present matron, took over from me and there are now 79 children attending daily at the centre—two of these are children of service personnel stationed in Singapore. A new building has been planned, which is to go up along side the existing house, and will eventually accommodate up to 150 children.

A cookery lesson



A physiotherapy lesson



The Ontario Federation for the Cerebrally Palsied

by F. Lewis Blancher, a Spastic Member

by F. Lewis Blancher, a Spastic Member ?
THE ONTARIO Federation for the Cerebrally Palsied was founded in the post-war years by the parents of the cerebrally palsied. Having first united as parent councils and, for the benefit of their children, wishing for a stronger voice, the councils of four cities and districts in the Toronto and Niagara areas joined in a common objective. Now in its eighteenth year, the 'Federation', as it is commonly called, has grown to number 21 councils covering all parts of Ontario.

The purpose of the Federation (which has an affiliation with the Ontario Society for Crippled Children) as stated in Article 2 of its constitution is, 'to gather, study and interpret information concerning cerebral palsy, conditions leading to it, present and possible methods of discovery, treatment, education, rehabilitation, and prevention; and to secure the co-operation of all agencies and organisations, public and private, with an interest in any phase of the programme, for the purpose of making the work comprehensive, complete and effective.'

Because of the affiliation it has with the Ontario Society for Crippled Children, the Federation is not supported by public subscription, but relies on a grant of 1,000

dollars, or about £330 in the English equivalent, given to it annually by the O.S.C.C.

This money, together with membership dues is used, once again as stipulated in the Federation's constitution, to grants of 50 dollars (£17), as an incentive for the formation of new parent groups. But primarily the money is used on the major activities that the Federation either sponsors or stages.

These activities include a week in October designated as Cerebral Palsy Week and at the start or end of that week an annual two-day Conference.

Just as The Spastics Society had to vanquish at its beginning, public apathy and lack of knowledge concerning cerebral palsy, so must the Federation. To do this the Federation sponsors and the member councils work to promote the cause of cerebral palsy, not as a drive to gather funds, although donations do come in, but to educate the public on cerebral palsy and to rouse interest in the betterment of both the cerebrally palsied patient and the public.

But unlike the Spastics Society, the Federation is administered by the parents of cerebrally palsied children and by the cerebrally palsied themselves. It has a full executive, counsellors and directors who, at the end of

a two-year period, are changed by election. The only permanent member is the secretary who is paid for her work and cannot vote.

At its conferences, workshops, panel discussion and speakers are all a part of the agenda. From these discussions and those at monthly meetings, resolutions are made, moved and passed which are to be presented to the provincial and/or federal governments. Some of these resolutions have been considered and acted upon fairly satisfactorily.

However, there are some institutions that the Federation, aiding its local councils, had established alone and without the support of the government, although, once they have been brought into existence, the Department of Education and the Department of Welfare have assumed a greater portion of the financial burden. Service clubs help as well in these endeavours.

There are still a lot more benefits needed such as homes for the handicapped, perhaps our most difficult and most necessary objective, a better allowance or pension plan, and employment for the handicapped. These we are working on; these we will have in time.

Residence for Adults

AFTER five years' experience with a pilot project for six cerebrally palsied women in a house in suburban Toronto, the Adult Cerebral Palsied Institute of Metropolitan Toronto proposes to raise funds to build a home for 55 disabled adults. The pilot home, in a leased property, cost \$13,462.00 to run in 1964. Of this, \$4,507.00 was recovered from the residents and the remainder was covered by donations, membership fees and interest. It is estimated that \$700,000 will be needed to equip and operate the new home for one year. The Government of Toronto will make a capital grant if the fund-raising campaign is successful.

The City of Toronto has given the Institute, for the payment of \$1.00, property in a down-town locality, ideally close to transportation, recreational, educational, religious and shopping facilities. A fish-shape plan has been proposed to take advantage of the property and surrounding park area.

At present Ontario has no residence for handicapped patients who do not require nursing care. They must be maintained at home or in one of the hospitals for the chronically ill though they are not sick and many are too young for chronic hospitals, which are geared to people over 60.

In the new residence preference will be given to cerebrally palsied men and women, but others will be admitted. The planning committee hopes some beds will be used on a temporary basis to enable parents to take vacations, and handicapped persons to visit Toronto for special courses.

United Handicapped Groups of Ontario—Holiday Project

BEGINNING in 1961, the United Handicapped Groups of Ontario Holiday Project has become an annual event for 40-odd physically handicapped adults. For a week in mid-June, the Rostrevor Beach Resort in Canada's Muskoka Lakes area is taken over by this group and their volunteer helpers. The owners charge a nominal rate of \$40.00 a week for the guests, and the expenses of the volunteers are paid by the organisation from public funds.

The purpose of the project is to provide a week of normal resort life for people ordinarily unable to take a vacation because of the personal assistance they require. Application is made on a detailed form so that these needs can be gauged and met. While there is no schedule of events and the guests are free to choose what they will do, the attractions are many: swimming, volley-ball,

shuffle board, walking, an evening cruise on the lake, an old-fashioned hayride, weiner roast, outdoor lunches, dancing, bingo, sing-songs.

Although Rostrevor was not built specially, the layout is ideal, and it is hoped that the property might eventually be purchased for a permanent holiday house.

Away from familiar surroundings—often for the first time—many of the guests gain much-needed self-confidence and go home with a new determination.

Russell Avery, Holiday Chairman, says, 'We definitely feel that a holiday programme provides the adult physically handicapped with a great deal more than a week of pleasure. It is a step in rehabilitation. They learn to do things—some of which they never thought were possible before—and they learn to associate with others.'

The Spastic Children's Association of Hong Kong

by C. Haffner, Secretary of Hong Kong Association

THE SPASTIC Children's Association of Hong Kong was formed in September, 1963. We can already see the fruition of some of the ventures then initiated. Nineteen sixty-four was a very active year, and we can now say that we have started to overcome the problem of spasticity in children in Hong Kong.

Early in 1964 it was decided that we should take practical steps to start a class for spastic children. We approached several organisations for space, and eventually started a class for nine children. We started with one teacher, who has proved extremely capable and understanding, and the children seem to be making happy progress under her care. They go to lunch every day at St. James' Anglican Settlement, the cost of which is mainly subsidised by the Settlement. Two days a week they attend a special physiotherapy class at a nearby polyclinic, and speech therapy is given once a week. With transportation problems solved by the donation of a minibus, we started another class this April. A teacher had already been appointed in November, and was sitting in with the existing class. The new class is held in the afternoon, with visits to Wanchai Polyclinic in the mornings. Progress is already

apparent in the children. Some can now read, write and draw quite reasonably. One child was felt capable enough to benefit from normal education, and a place was found for her in a Government Primary School.

One of the highlights of 1964 occurred in May, when we heard that Sir David Trench, the Governor of Hong Kong, had consented to become our Patron. Lady Trench also agreed to be our President. Ever since her arrival here, Lady Trench has taken an active interest in the Association. Besides her general support for our objectives, she visited the class in June to see a lesson in progress, and discussed our work with the Council and teacher afterwards.

In February, 1964, a ball was held at St. George's School Hall. The guest-of-honour was Miss Barbara Black, the daughter of the former Governor. This was not one of the activities of this Association, but some Council members attended. The proceeds, smaller than expected due perhaps to bad weather affecting attendance, went to this Association. Several donations of money have been received. The first two donations, enabling us to start our classes, were received from Mr. N. C. Chan, and The Spastics Society in

Britain. Several gifts of toys for the children were received and donation of pencil kits was made to each child by C.A.R.E. For all of these we are very grateful.

A suggestion made by Sir Robert Black when the Association was formed was that we started a residential school to overcome the great local difficulty of parent education. In the early part of the year we worked out rough costings of equipment, staff, buildings and so on. We made approaches to several bodies for funds and to Government about land. Our proposals were submitted to the Medical and Health Department for general approval. In general terms, our scheme was to build a home for 60 children with 20 day pupils, containing class and therapy rooms and living accommodation for staff. This would give eight classes of ten children each giving both ideal class size and age distribution. Late in 1964 we had the good news that an American charitable organisation, World Rehabilitation Fund, Inc., had offered the necessary support, and that Government would make the land available. The Fund would build the Centre to its own design, and hand it over on completion to the Hong Kong Government, who would ask a voluntary organisation to administer it. The Fund would also provide running expenses for two years.

We have kept The Spastics Society in Britain informed of our progress. We are a member of the Joint Council for the Rehabilitation of the Mentally and Physically Handicapped. We sent a representative to the 3rd Pan-Pacific Rehabilitation Conference in Tokyo last April. In the near future we hope to become a member of the Hong Kong Council of Social Service, which coordinates most voluntary agencies in the Colony.

Professor Elaine Field, our Chairman, has organised two seminars on the cerebral palsied child, one for nurses and the other for the Paediatric Society. We keep in touch with local British Medical Association members, asking for their aid in locating mentally normal spastic children.

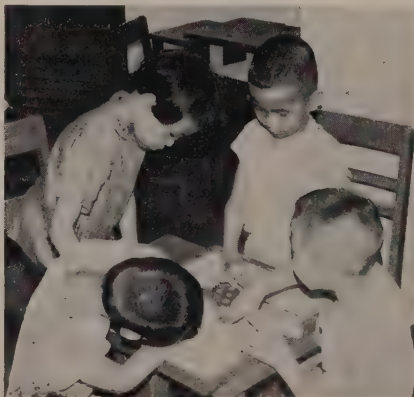
Other envisaged projects are the design of special furniture for spastics, to enable them to perform everyday activities more easily, and the formation of a parent education group, to try to provide better home surroundings for spastics who cannot get to our school.



(Left): A drawing lesson

(Below left): Daily exercises

(Below): Fitting shapes together



Cerebral Palsy in India

by Miss Perrin, Mullaferoze, M.B., B.S., F.R.C.S.

Musical Director, Children's Orthopaedic Hospital, Bombay

AS FAR as it can be ascertained the only place which deals with spastics and cerebral palsy cases on modern lines in India, is in Bombay.

In 1947 the Society for the Rehabilitation of Crippled Children was formed in Bombay, and under their auspices the Children's Orthopaedic Hospital came into being in 1950. This hospital caters for all orthopaedic conditions in children up to the age of 17 years, but specialises in the treatment of Poliomyelitis and cerebral palsy.

Since 1953, the cerebral palsy cases have been managed on a team-work basis, from the treatment point of view. The hospital has a full complement of specialised staff—medical and para-medical, practically all of them having had post-graduate training in this subject, either in U.K. or U.S., or both.

In 1963, a small unit was started with the help of a grant from the Department of Health, Education and Welfare; Vocational Rehabilitation Administration; Washington D.C. This unit will be enlarged shortly and educational and vocational facilities will be provided in a new building which is under construction. Cerebral palsy cases are treated in other parts of India. Orthopaedic and neurological departments in general hospitals do tackle these cases, but no multi-disciplined units exists, apart from that at the Children's Orthopaedic Hospital.

About 4,300 cases of cerebral palsy contacted the Children's Orthopaedic Hospital, from 1953 to 1964. Since 1953 all these patients have been seen initially by an orthopaedic surgeon, neurologist and psychiatrist, before deciding what advice to give. Since 1963, we have started a comprehensive evaluation programme. The addition of a psychologist and speech therapist to the team has helped in this. The head of the Unit is an orthopaedic surgeon.

The medical side of this problem is well developed and can more or less compare with those in the Western countries. But as yet there are practically no facilities existing for the educational and vocational needs of these individuals. There are schools which cater for the mentally retarded or for the physically handicapped in Bombay, but there is none for the cerebral palsy child and having felt the need, we hope to have a school and vocational guidance and training in our new buildings.

The public up till now have never realised that a number of spastics can be made into

useful members of society and have therefore never brought these children for treatment. In Bombay, that difficulty has been tackled and parents are now bringing these children in to our hospital. One of the most difficult problems facing us is to make the parents realise that the child can never be completely cured and yet can be trained or educated to

take his place as a useful member of society and live a fairly normal life.

We have parent counselling and we also encourage parents to discuss their problems. But this is all round a very uphill task. Our aim is to train personnel who could disperse, form new units and spread the gospel of spastics all over India.

Clipped from the World Picture

Former Olympic speed swimming star, Lorraine Crapp, aged 25, and her husband, Dr. William Thurlow, were told that his ticket in the New South Wales Lottery had won first prize of £80,000.

The couple live in Sydney Australia.

Dr. Thurlow plans to spend his big win on 'building a health centre devoted to the rehabilitation of spastics and paraplegics'.

The Spastic Children Association of Selangor, Malaysia, had the approval of the grant for a new centre by the Ministry of Rural Development. This is expected to be completed and occupied this year.

Polio and spastic children in Tonga, Queen Salote's island in the South Pacific, are to be cared for by a British Red Cross Society physiotherapist, Miss Faith Alvonley Wood-Johnson, who left London for the island in July. Miss Wood-Johnson, who has worked in Canada and done voluntary service in

Algeria, volunteered to go to Tonga for about two years, until a Tongan physiotherapist has been trained for the job.

Fifty-three cerebral palsied adolescents and others with related handicaps, visited London in August. All are members of the Federation of the Handicapped in New York, which is a recipient of funds from the United Cerebral Palsy of New York City.

Copies of the Spastics Society's films 'A Gift for Love' and 'The Contact' have been purchased by the C.O.I. on behalf of the Commonwealth Relations Office and the Colonial Office for TV. and film programmes in many territories.

The formation of a Spastic Society in Ceylon is under consideration. This Society has been approached and is assisting with its professional advisory services.



(Top right).
Physiotherapy

(Right):
Speech therapist with
cerebrally palsied
child

(Far right):
Hemiplegic child on
stool with castors.
Stool used as
wheelbarrow to relax
the flexion of the
affected hand



Jugoslavia—

The Belgrade Centre

by Marija Dragisic

OUR CENTRE for cerebral palsy in Belgrade was founded in 1958, mainly due to the efforts of the Society for the care of palsied children.

Our Centre is a specialised health institution for out-patient care and treatment, but we hope to be able to provide in-patient care by founding a residential place.

Our daily capacity is about 150 children of different ages.

Medical care and treatment are given by experienced personnel: doctors who are specialists in physical medicine, pediatricians, and neuropsychiatrists.

Psychologists, social workers, physiotherapists, occupational therapists, speech therapists, educational psychologists and teachers are included in our team.

*(Right):
She is among many
boys and girls
who became members
of the
Pioneers Organisation,
receiving a
Pioneer's scarf*

*(Below):
A picture book given
as a reward at the
end of the
school year was a
pleasant surprise for
every c.p. child,
especially for the
youngest ones*



The main duty of the Centre for Cerebral Palsy is: to help the child by care, treatment and vocational preparation if the last is at all possible of course.

Cerebrally palsied children receive a complete care and treatment in our Centre, and the Society helps the children in many other ways.

The Society initiates many social activities, arranges excursions, picnics and summer holidays and includes the children in different clubs and organisations such as dramatic clubs, folk dance groups, the Pioneer's organisation, etc.

The Society also develops and excites their interest in different games.



*(Right):
End-of-the-paper
smile from a little boy
in occupational
therapy*

SCHOOLS AND CENTRES ADDRESSES

SCHOOLS

THE CRAIG-Y-PARC SCHOOL

Pentyrch, Nr. Cardiff.
Telephone: Pentyrch 397.
Headmistress: Mrs. C. M. Kearslake.

THE THOMAS DELARUE SCHOOL

Starvecrow, Shipbourne Road, Tonbridge, Kent.
Telephone: Tonbridge 4584.
Headmaster: G. D. C. Tudor, Esq., M.A.

INGFIELD MANOR SCHOOL

Five Oaks, Nr. Billingshurst, Sussex.
Telephone: Billingshurst 2294.
Headmistress: Miss E. M. Varty.

IRTON HALL SCHOOL

Holmrook, Cumberland.
Telephone: Wasdale 202.
Headmaster: John Nelson, Esq.

THE WILFRED PICKLES SCHOOL

Tixover Grange, Duddington, Nr. Stamford.
Telephone: Duddington 212.
Headmaster: R. A. Pedder, Esq.

FURTHER EDUCATION CENTRE

Dene Park, Shipbourne Road, Tonbridge, Kent.
Telephone: Tonbridge 5101/2.
Principal: P. K. Mayhew, Esq., M.A.

ASSESSMENT CENTRE

HAWKSWORTH HALL

Guiseley, Leeds, Yorks.
Telephone: Guiseley 2914.
Principal: J. D. Johnson, Esq.

ADULT CENTRES

INDUSTRIAL TRAINING CENTRE

SHERRARDS

Digswell Hill, Welwyn, Herts.
Telephone: Welwyn Garden 22125.
Principal: V. King, Esq., M.I.Prod.E.,
M.I.Wks.M.

CHESTER OFFICE TRAINING CENTRE

Western Avenue, Off Saughall Road, Blacon,
Cheshire.
Telephone: Chester 26987.

Stockport Branch

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Stockport.
Telephone: Heaton Moor 8776.
Principal: Mrs. V. S. Parker.

WAKES HALL (S.O.S.)

Wakes Colne, Nr. Colchester, Essex.
Telephone: Earls Colne 476.
Warden: E. T. Warne, Esq.

PRESTED HALL & THE GRANGE

Feering, Kelvedon, Essex.
Telephone: Kelvedon 482.
Warden: J. H. Watson, Esq.

COOMBE FARM

Oaks Road, Croydon, Surrey.
Telephone: Addiscombe 2310.
Warden: F. W. Bowyer, Esq., M.A.

PONDS HOME

Seer Green, Beaconsfield, Bucks.
Telephone: Jordans 2398/9.
Warden: Mrs. C. Brown.

BUXTON CENTRE: 'THE BEDFORD'

St. John's Road, Buxton, Derbyshire.
Telephone: Buxton 3541.
Warden: D. H. Simpson, Esq.

OAKWOOD CENTRE

High Street, Kelvedon, Essex.
Telephone: Kelvedon 208.
Warden: J. H. Watson, Esq.
Tutor/Organiser: Miss M. L. Garaway, M.A.

JACQUES HALL CENTRE

Bradfield, Nr. Manningtree, Essex.
Telephone: WIX 311.
Warden: V. P. Devonport, Esq.

DARESBURY HALL

Daresbury, Nr. Warrington, Lancs.
Telephone: Moore 359.
Warden: F. W. Bellman, Esq.

KYRE PARK HOUSE

Tenbury Wells,
Worcs.
Telephone: Kyre 282.
Warden: W. R. Barley, Esq.

HOLIDAY HOTELS

ARUNDEL PRIVATE HOTEL

23 The Leas, Westcliff-on-Sea.
Telephone: Southend 476351.
Manageress: Miss M. Burden.

THE BEDFONT HOLIDAY HOTEL

Marine Parade West, Clacton-on-Sea, Essex.
Telephone: Clacton 25230.
Warden: Mrs. J. P. R. Molyneaux.

S.O.S. HOLIDAY HOTEL FOR SPASTIC CHILDREN

Colwall Court, Bexhill.
Telephone: Bexhill 1491.
Manager: G. H. Marsh, Esq.

FAMILY HELP UNIT

THE MOUNT

Elm Bank, Nottingham.
Telephone: Nottingham 66271-2.
Warden: P. E. Habieb, Esq.

STAFF TRAINING CENTRE

CASTLE PRIORY COLLEGE

Thames Street,
Wallingford, Berks.
Telephone: Wallingford 2551.
Principal and Director of Studies:
Mrs. J. W. Knowles, B.A.

Schools Affiliated to The Spastics Society

BIRKENHEAD SCHOOL

43 Shrewsbury Road, Oxtou, Birkenhead.
Telephone: Claughton 2583.
Headmistress: Mrs. M. Collinge, B.A.

BIRTENSHAW HALL SCHOOL

Darwen Road, Bromley Cross, Bolton.
Telephone: Eagley 230.
Headmaster: D. A. Hiles, Esq.

DAME HANNAH ROGERS SCHOOL

Ivybridge, Devon.
Telephone: Ivybridge 461.
Headmistress: Miss B. G. Sutcliffe.

PERCY HEDLEY SCHOOL

Forest Hall, Newcastle-on-Tyne 12.
Telephone: Newcastle 66-5491/2.
Headmaster: D. D. Johnston, Esq., M.A., M.Ed.

ST. MARGARET'S SCHOOL

Coombe Road,
Croydon, Surrey.
Telephone: Croydon 1434.
Headmistress: Miss M. A. Budd.

CARLSON HOUSE SCHOOL

13a Victoria Road,
Harborne,
Birmingham 17.
Telephone: Harborne 3182.
Headmistress: Mrs. E. Marlow.

LOCAL GROUP PROVISION

NORTH REGION

Barrow-in-Furness and District Spastic and Handicapped Children's Society C
Cumberland, Westmorland and Furness Spastics Society
Darlington and District Spastics Society H
Durham and District Spastics Society
South Shields and District Spastics Society C
Sunderland and District Spastics Society CW
Tees-side Parents and Friends of Spastics TE

Regional Office:

145 Front St., Chester-le-Street, Co. Durham.
Tel.: 2852

YORKSHIRE REGION

Barnsley and District Association EC
Bradford and District Branch
Castleford and District Spastics Committee
Dewsbury and District Spastics Society
Goole and District Spastics Association
Halifax and District Spastics Society W
Huddersfield and District Spastics Society O
Hull Group, The Friends of the Spastics Society in Hull and District H
Leeds and District Spastics Society O
Pontefract and District Spastics Association
Rawmarsh and Parkgate Spastics Society
Sheffield and District Spastics Society TEOC
York and District Spastics Group TC

Regional Office:

R. J. F. Whyte, Royal Chambers, Station Parade, Harrogate. Tel.: 69655

NORTH-WESTERN REGION

Birkenhead Spastic Children's Society TEOC
Blackburn and District Spastics Group TWC
Blackpool and Fylde Spastics Society W
Bollington, Macclesfield and District Group
Bolton and District Spastics Society TE
Burnley Area and Rossendale Spastics Group T
Caernarvonshire Spastics and Handicapped Peoples' Society
Chester and District Spastics Association
Colwyn Bay and District Spastics Society
Crewe and District Spastics Society TEO
Crosby, Bootle, Litherland & District Spastics Society C
Flint and District Spastics Society
Lancaster, Morecambe and District Spastics Soc.
Manchester and District Spastics Society TCE
Montgomeryshire Spastics Society
Oldham and District Spastics Society OCT
Preston and District Spastics Group OCT
Sale, Altrincham and District Spastics Society RTEC
Southport, Formby and District Spastics Soc. H
Stockport, East Cheshire and High Peak Spastics Society TEOC
Urmston and District Group TC
Warrington and District Group for the Welfare of Spastics O
Widnes Spastic Fellowship Group
Wigan and District Spastics Society

Regional Officer:

T. H. Keighley, Room 481, 4th Floor, St. James' Buildings, Oxford Street, Manchester 1.
Tel.: Central 2088

Deputy Regional Officer:

F. Young, 6 King's Buildings, Chester.
Tel.: 27127

Regional Social Worker:

Mrs. M. Moncaster, same address as Mr. Keighley

EAST MIDLAND REGION

Boston District Branch
Chesterfield and District Spastics Society TOC
Derby and District Spastics Society T
Grantham and District Friends of Spastics
Grimsby, Cleethorpes and District Friends of Spastics Society
Leicester and Leicestershire Spastics Society TC
Lincoln and District Spastics Society
Loughborough and District Spastics Society
Mansfield and District Friends of Spastics Group O
Newark Area Spastics Society
Northampton and County Spastics Society TE
Nottingham and District Friends of Spastics Group TEC
Scunthorpe and District Spastic Society
Stamford and District Spastics Society

Regional Office:

9 Regent Street, Nottingham.
Tel.: 42198

WEST MIDLAND REGION

Coventry and District Spastics Society RO
Dudley and District Spastic Group TOC
Herefordshire Spastics Society
Kidderminster and District Spastics Association
Midland Spastic Association TEOCW
North Staffordshire Spastic Association TO
Shrewsbury and District Spastics Group H
Stafford and District Spastic Association TC
West Bromwich and District Spastics Society

Regional Office:

I. C. R. Archibald, 109 Colmore Row, Birmingham 3. Tel.: Central 3162

Acting Regional Social Worker:

Mrs. M. Hepworth, same address

Senior Welfare Officer, M.S.A. (Birmingham & Worcestershire areas):

Mrs. N. M. Barrett, 15 Victoria Road, Harborne, Birmingham 17. Tel.: Harborne 3182 and 2458

SOUTH WALES REGION (including Mon.)

Cardiff and District Spastics Association TC
Kenfig Hill and District Spastics Society CTO
Merthyr Tydfil and District Spastics Society
Monmouthshire Spastics Society
Pembrokeshire Spastics Society
Pontypridd and District Group TC
Swansea and District Spastics Assoc. TECW

Regional Officer:

B. Kingsley-Davies, 2 Saunders Road, Cardiff.
Tel.: 29289

Regional Social Worker:

Miss Davey, same address

WESTERN REGION

Bath and District Spastics Society
Bridgwater and District Friends of Spastics Association
Bristol Spastics Association CTOW
Cornish Spastics Society
Exeter and Torbay Spastics Society
Plymouth Spastic (CP) Association COETW
Weston and District Society for the Spastic and Mentally Handicapped
Yeovil and District Spastics Welfare Society

Regional Office:

St. John House, 60 Staplegrove Rd., Taunton Somerset. Tel.: 81678

EAST ANGLIA REGION

Cambridge and District Spastics Society
Clacton and District Group
Colchester and District Group
Essex Group
Ipswich and East Suffolk Branch TV
Kings Lynn and West Norfolk Spastics Society
Lowestoft and N.E. Suffolk Spastics Society
Norfolk and Norwich Spastic Association
Peterborough & District Group Spastics Soc. O
Southend-on-Sea and District Spastics Soc. O
Regional Office:
H. G. Knight, 51 Newnham Road, Cambridge.
Tel.: 61747

Regional Social Worker:

Miss H. M. Day, 51 Newnham Rd., Cambridge.
Tel.: 54531

WESSEX REGION

Andover and District Spastics Society
Basingstoke and District Spastics Society
Bournemouth, Poole and District Spastics Society
Cheltenham Spastics Association CT
Gloucester and District Spastics Association ET
Isle of Wight Spastics Society T
Portsmouth and District Spastics Society V
Salisbury and District Friends of Spastics
Southampton and District Spastics Association TOW
Swindon and District Spastic Society
Winchester and District Spastics Society

Regional Office:

Miss C. Mould, 7 St. John Street, Salisbury.
Tel.: 4521

NORTHERN HOME COUNTIES REGION

Bedford and District Branch TOWE
Bishop's Stortford and District Group, Herts
Spastics Society
Central Middlesex Spastics Welfare Society V

East Herts Group, Herts Spastics Society
 East London Spastic Society **H**
 Epping Forest and District Branch **TO**
 Friends of Ponds Home
 Hatfield and District Spastics Society
 Hemel Hempstead and District Group, Herts Spastics Society
 Hitchin, Letchworth and Stevenage Spastics Society
 Ilford, Romford and District Spastics Assoc. **O**
 Luton, Dunstable and District Spastics Group **TEC**
 Maidenhead Friends of Spastics Group
 Oxfordshire Spastics Welfare Society **TOC**
 Reading and Berkshire Spastics Welfare Soc. **T**
 Slough and District Spastics Welfare Society
 South-West Middlesex Group **T**
 St. Albans and District Group, Herts Spastics Society **T**
 Walthamstow and District Spastics Society
 Watford and District Group, Herts Spastics Society **TEOC**
 Welwyn Garden City and District Group, Herts Spastics Society
 Wycombe and District Spastics Society **CT**

Regional Officer:

R. C. Lemarie, 524 St. Alban's Road, North Watford. Tel.: 41565

Regional Social Worker (except Essex):

Miss Ballance, same address. Tel.: 41059

SOUTH-EASTERN REGION

Brighton, Hove and District Branch **TOC**
 Canterbury and Kent Coast Spastics Group
 Central Surrey Group
 Croydon and District Spastics Society **TEWC**
 East Sussex Group **TC**
 Folkestone Group **H**
 Horsham, Crawley and District Spastic Society
 Maidstone Area Spastic Group **OT**
 Medway Towns Branch **T**
 North Hants and West Surrey Group **TECO**
 North Surrey Group **W**
 North-West Kent Spastics Group **WO**
 North-West Surrey Group **TEC**
 South-East Surrey Group **TOC**
 South-West Surrey Group **TEC**
 Thanet Group
 Tunbridge Wells, Tonbridge and Area Group
 West Kent Spastics Society, Incorporating Bromley and District Spastics Group **W**
 West Sussex Spastics Group
 Worthing, Littlehampton & District Spastics Society

Regional Officer:

H. J. I. Cunningham, 29b Linkfield Lane, Redhill, Surrey. Tel.: Redhill 3944 and 2250

Regional Social Worker:

Mrs. Chinchin, same address

LONDON REGION (provisional)

North London Area Association of Parents and Friends of Spastics **T**
 North-West London Spastics Society **O**
 South-East London Group **T**
 South London Group
 South-West London and District Group

Regional Officer:

Mrs. Patricia Latham, 28 Fitzroy Square, London, W.1. Tel.: EUSon 2436/7

Jersey Spastics Society

Northern Ireland Council for Orthopaedic Development (Inc.)

Chief Regional Officer:

A. M. Frank, M.C., M.A., 12 Park Crescent, London, W.1.

Senior Regional Officer:

A. R. M. Edwards, C.B.E., Royal Chambers, Station Parade, Harrogate. Tel.: 69655

Development Secretary:

D. Lancaster-Gaye, 12 Park Crescent, London, W.1.

Schools and Centres Secretary:

Mrs. C. A. Clifton, 12 Park Crescent, London, W.1.

KEY TO LOCAL GROUPS:

T—Treatment Available

E—Education

O—Occupational Centre

W—Work Centre

H—Holiday Home

C—Child Care

R—Residential Centre

MOBILE EXHIBITION UNIT●●●●●●●●●●

ITINERARY—SEPTEMBER, 1965

<i>Day</i>	<i>Sept.</i>	<i>Place</i>	<i>Site</i>
Thurs./Fri.	2/3	Weston-Super-Mare	Beach Lawn opp. Bus Station
Sun./Mon./Tues.	5/6/7	Torquay	Town Hall Car Park
Thursday	9	Yeovil	Agricultural Show
Saturday	11	Bristol	Car Park, adj. Water Tower
Mon./Tues.	13/14	Cwmbran	Town Centre
Wed./Thurs.	15/16	Penarth	Arcot Street
Fri./Sat./Sun.	17/18/19	Barry	King's Square
Mon./Tues.	20/21	Porthcawl	Anchor Car Park
Wed./Thurs.	22/23	Swansea	Princess Way
Saturday	25	Welwyn Garden City	Forecourt, Mid. Herts. College
Monday	27	Slough	Forecourt Old Crown Hotel
Wednesday	29	Maidenhead	Old Guildhall Site

SUBSCRIPTION FORM

THE EDITOR, 'SPASTICS NEWS' 12 PARK CRESCENT, LONDON, W.1

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